


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

<b>DOCUMENT # A93000000360</b>		
1. Entity Name <b>EISENMANN TAMPA LIMITED PARTNERSHIP</b>		

Principal Place of Business <b>300 EAST LONG LAKE ROAD, SUITE 365 BLOOMFIELD HILLS MI 48304</b>	Mailing Address <b>300 EAST LONG LAKE ROAD, SUITE 365 BLOOMFIELD HILLS MI 48304</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
04 FEB -2 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

<b>6. Name and Address of Current Registered Agent</b>  <b>MARQUARDT, EMIL C JR.</b> <b>400 CLEVELAND STREET, SUITE 800</b> <b>CLEARWATER FL 34615</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$5,630,210.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$ 3,472,308.00</b>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F93000001784	STREET ADDRESS	
NAME	EISENMANN PROPERTIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	300 EAST LONG LAKE ROAD, SUITE 365		
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304		
DOCUMENT #		STREET ADDRESS	400028010624
NAME		CITY-ST-ZIP	02/02/04-01047 020 **526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

**M THOMAS**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *[Signature]* **1-28-04** **248-645-1444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date Daytime Phone #

STAPLE CHECK HERE