


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 MAY 21 PM 1:35


TALLAHASSEE FLORIDA

**MJH**

<b>DOCUMENT # A94000001679</b>	
1. Entity Name <b>MANGONIA RESIDENCE I, LTD.</b>	

Principal Place of Business <b>2210 N. AUSTRALIAN AVENUE WEST PALM BEACH, FL 33407</b>	Mailing Address <b>4016 BROADWAY WEST PALM BEACH, FL 33407</b>
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2. Principal Place of Business	3. Mailing Address <i>2001 W. Blue Heron Blvd.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>Riviera Beach, FL</i>
Zip	Zip <i>33404</i>

	
04072004	Chg-LP
CR2E003 (10/03)	<i>5/21</i>
4. FEI Number <b>65-0539957</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32501</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		<b>FL</b>	Zip Code

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>\$8,993,976.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>N96000003114 THE PARTNERSHIP, INC. 4016 BROADWAY WEST PALM BEACH, FL 33407</b>	STREET ADDRESS	<b>800037868968</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<b>08/11/04--01022--009 **535.00</b>
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STAPLE CHECK HERE

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.

<b>SIGNATURE:</b>	<i>John Corbett</i>	Date	<i>4-13-2004</i>
	<b>John Corbett, President &amp; CEO</b>	Daytime Phone #	<i>561 841 3500</i>
	<i>The Partnership, Inc.</i>		
	<i>General Partner</i>		