


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

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A95000000072</b> 1. Entity Name G.B. RESIDENCES OF KEY BISCAYNE, LTD.	
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Principal Place of Business 445 GRAN BAY DRIVE PH-1B KEY BISCAYNE FL 33149	Mailing Address 445 GRAN BAY DRIVE PH-1B KEY BISCAYNE FL 33149
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MOORE CR2E003 (11/03)

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0554318	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
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7. Name and Address of New Registered Agent
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C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	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
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9. Capital Contributions as Shown on record.	\$4,950,000.00
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10. Amount of Capital Contributions in FLORIDA to date.
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11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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
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13. ADDRESS CHANGES ONLY
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DOCUMENT #	P94000079780
NAME	MARGULIES-LOWE DEVELOPMENT CORP.
STREET ADDRESS	445 GRAND BAY DRIVE
CITY - ST - ZIP	KEY BISCAYNE FL 33149

STREET ADDRESS	
CITY - ST - ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

STREET ADDRESS	
CITY - ST - ZIP	

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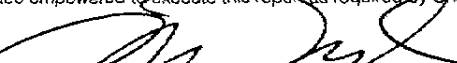
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

STREET ADDRESS	
CITY - ST - ZIP	

100000111207  
04/13/04-80007-001 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

STAPLE CHECK HERE

SIGNATURE: 	3-30-2004	(705) 865-5707
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