


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR -8 PM 4:02

DOCUMENT # A95000000257 1. Entity Name AMERICANO BEACH RESORT LIMITED PARTNERSHIP					
Principal Place of Business 1260 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118			Mailing Address 1260 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip			3. Mailing Address Suite, Apt. #, etc. City & State Zip		
Country			Country		
4. FEI Number 59-3300298			Applied For Not Applicable		
5. Certificate of Status Desired			Chg-LP CR2E003 (10/03) <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CFRA LLC ONE HARBOUR PLACE 777 S. HARBOUR ISLAND BLVD., STE. 500 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record \$7,000,000.00			10. Amount of Capital Contributions in FLORIDA to date 6,990,603		
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 #	P95000013991		STREET ADDRESS		
NAME	ABR OF DAYTONA, L.P.C.		CITY-ST-ZIP		
STREET ADDRESS	100 S.E. 2ND ST., % MARSHA G. MADORSKY ESQ		CITY-ST-ZIP		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
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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: <u>Georgette P. Jones General Manager</u> 2/4/04 255-7431 (386)					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE