


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

<b>DOCUMENT # A95000000736</b>					
1. Entity Name <b>COMMUNITY INVESTORS, LTD.</b>					
Principal Place of Business <b>12588 CAPRI CIR LN TREASURE ISLAND FL 33706</b>			Mailing Address <b>P.O. BOX 3516 SEMINOLE FL 33775</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3313089</b>	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>BEATTY, BEA 12588 CAPRI CIR LN TREASURE ISLAND FL 33706</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				7. Name and Address of New Registered Agent	
				Name	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		<b>\$30,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>23,000</b>	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	521616		STREET ADDRESS		
NAME	HAPPY HOMES, INC. OF PINELLAS COUNTY		CITY-ST-ZIP		
STREET ADDRESS	12588 CAPRI CIR LN				
CITY-ST-ZIP	TREASURE ISLAND FL 33706				
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS					
CITY-ST-ZIP					
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: <i>Bea Beatty</i>			4-12-04		727-360-5402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <b>BEA BEATTY</b>			Date		Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 APR 13 PM 1:05



MOORE CR2E003 (11/03)

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