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

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DOCUMENT # A9500000830 1. Entity Name						FILED TARY OF STATE OF CORPORATIONS	W02/27/01	
GROSVENOR PARTNERS, LTD.						3 16 AM 10: 28	10/04	
Principal Place of Business Mailing Address					UHTE	, , .		
4750 NE 23RD AVENUE 4750 NE 23RD AVENUE				F				
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 333					1			
Description (Outro)								
2. Principal Place of Business			3. Mailing Address			[[4		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			MOORE	CR2E003 (11/03)	
City & State			City & State		4. FEI Number 65-03892	Applied For Not Applicable		
Zip	Country		Zip	Zip Country		5. Certificate of Status Desire	d S8.75 Additional Fee Required	
6. Name and Address of Current Registe			egistered Agent			7. Name and Address of New Registered Agent		
The second secon					Name FRAYK J. AVELLINO			
BROGÁN, FRANCÍS B JR. 515 E. LAS OLAS BLVD., SUITE 1500					Street Address (P.O. Box Number is Not Acceptable) 4150 NE 23RP AVENUE			
FT. LAUDERDALE FL 33301				FT. 1 4.		INCORAL S		
					City FT. LAVDERDALE FL Zip Code 33308			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or be							2,2,2 4 8	
the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registed agent and title if applicable. DATE								
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL DEPT: OF STATE in FLORIDA to date.								
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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY								
12. GENERAL PARTNER INFORMATION DOCUMENT / GP9600000513						ADDRESS (CHANGES UNLY	
NAME	MAYFAIR VEN		STRE	ET ADDRESS	r			
STREET ADDRESS				CITY-ST-ZIP				
CITY-ST-ZIP	FORT LAUDER		CHY	-81-212				
DOCUMENT #					ET ADDRESS	100025	752921	
NAME						03/03/0401028-3019 **\$26.25		
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NAME STREET ADDRESS CITY-ST-ZIP				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.								
Of the Office of the same of the same								
SIGNATURE: SIGNATURE: O2-10-2004 9-54-776.7141 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daylurge Priorie #								