

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

FL

**FILED**

04 APR 19 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03182004 Chg-LP CR2E003 (10/03)

4. FEI Number **65-0625675** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ERBEY, JOHN R</b> <b>1675 PALM BEACH LAKES BLVD.</b> <b>SUITE 1002</b> <b>WEST PALM BEACH, FL 33401</b>		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$1,214,919.09</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$1,429,677</b>	<b>\$526.25</b>
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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 #	OCWEN FEDERAL BANK FSB 1675 PALM BEACH LAKES BLVD., SUITE 1002 WEST PALM BEACH, FL 33401	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	

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04/19/04--01015--007 \*\*\$26.25

**THOMAS**

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: Mark J. Nichols MARK J. NICHOLS, VP Date: 4/1/04 Daytime Phone #: 561-682-8000

OCWEN FEDERAL BANK FSB

STAPLE CHECK HERE