2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 30, 2004 08:00 AM Secretary of State

DOCUMENT # A9600000469 1. Entity Name MCGEHEE REALTY OF MIAMI, LTD.				Secretary of State	
Pringipal Place of Business 3300 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207 Mailing Address 3300 PHILLIPS HIGHWAY JACKSONVILLE, FL 3220					
	Place of Business	3. Mailing Address			
Suite, Apt #, etc		Suite, Apt. #, etc.		01082004 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number Applied For 59-3365126 Not Applied be	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent	
MCGEHE	MCGEHEE, F. SUTTON JR. 3300 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207				
3300 PHII				ddress (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
8. The above the obligation	e named entity submits this stateme tions of registered agent	int for the purpose of chang	ing its registered office or	registered agent, or both, in the State of Fiorida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable		DATE	
9. Capital Ci as Shown	on record. \$400,000.00	10. Amount of in FLORID	Capital Contributions A to date. 4	600,000	
	A GENERAL PARTNI NOTE: General Partners	R THAT IS A BUSINES	S ENTITY MUST BE F	REGISTERED AND ACTIVE WITH THIS OFFICE. andment must be filed to change a general partner.	
12.	GENERAL PAR	TNER INFORMATION	13.	ADDRESS CHANGES ONLY	
DOCUMENT / NAME	340991 ASBURY REALTY COMPAN	Y	STREET ADDRESS	<u> </u>	
STREET ADDRESS CITY-ST-ZIP	3300 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207		CITY-ST-ZIP		
DOCUMENT # NAME			STREET ADDRESS	<u> </u>	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	<u>110</u> 0000158616 05/01/04-2 0029-002 526.25	
DOCUMENT # NAME			STREET ADDRESS		
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DOCUMENT # NAME			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		·· <u>·</u> ···	CITY-ST-ZIP	: 	
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP DOCUMENT / NAME			CITY-ST-ZIP		
NAME STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information of as if made under oath, that I am a General Parther of the limited partnership or	