


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

DOCUMENT # A96000001136		
1. Entity Name 1560 N. ORANGE, LTD.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 22 PM 2:37

Principal Place of Business 900 SOUTH DELANEY AVE. ORLANDO FL 32806	Mailing Address 900 SOUTH DELANEY AVE. ORLANDO FL 32806
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MOORE CR2E003 (11/03)

2. Principal Place of Business 3333 S Orange Ave	3. Mailing Address P O Box 568821
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc.
City & State Orlando FL	City & State Orlando FL
Zip 32806-8500	Country US

4. FEI Number 59-3391419	Applied For Not Applicable
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6. Name and Address of Current Registered Agent CARTER, DARYL M -900 SOUTH DELANEY AVE. -ORLANDO FL 32806	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3333 S Orange Ave, Suite 200 City Orlando FL Zip Code 32806-8500
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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. \$7,300,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000050552 MAURY L. CARTER MANAGEMENT CORPORATION 900 SOUTH DELANEY AVE. ORLANDO FL 32806	STREET ADDRESS CITY-ST-ZIP	3333 S Orange Ave, Suite 200 Orlando FL 32806-8500
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	400032190664 04/08/04 01014 010 **526.25
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STAPLE CHECK HERE

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: 	Mar 15 04	407/422-3144
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>

Daryl M Carter, President, Maury L Carter Mgmt Corp, General Partner