

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

FILED

04 APR 16 PM 1:30

CLERK OF COURT  
TALLAHASSEE FLORIDA

MJB

<b>DOCUMENT # A96000001317</b> 1. Entity Name <b>GOD'S V.I.P. SENIOR HAVEN, LTD.</b>					
Principal Place of Business <b>4681 S.W. 66TH AVE. DAVIE, FL 33314</b>			Mailing Address <b>4681 S.W. 66TH AVE. DAVIE, FL 33314</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0679285</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>COLTON, SCOTT 4681 S.W. 66TH AVE. DAVIE, FL 33314</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6600 FALCONSGATE AVENUE</b> City <b>DAVIE</b> FL Zip Code <b>33331</b>	
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>\$280,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # <b>P96000052609</b> NAME <b>COLTON MANAGEMENT CORP.</b> STREET ADDRESS <b>4681 S.W. 66TH AVE.</b> CITY-ST-ZIP <b>DAVIE, FL 33314</b>			STREET ADDRESS <b>6600 FALCONSGATE AVENUE</b> CITY-ST-ZIP <b>DAVIE, FL 33331</b>		
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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.					
<b>SIGNATURE:</b> <u>Scott Colton</u> <b>4-14-04</b> <b>(954) 725-4133</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					



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**\$8.75** Additional Fee Required

STAPLE CHECK HERE