

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000001444		
1. Entity Name FLAMINGO PALMS LIMITED PARTNERSHIP		

Principal Place of Business ATTN WORTHING SOUTHEAST 1501 NW 124TH TERRACE SUNRISE, FL 33323	Mailing Address 300 N. LAKE AVE., STE. 620 PASADENA, CA 91101
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02252004 Chg-LP CR2E003 (10/03)

4. FEI Number
76-0510810

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

Applied For	Not Applicable
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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.

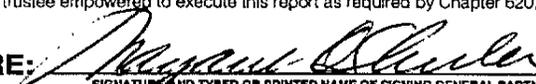
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$617,290.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	F99000001349 GATEWAY GP SAWGRASS MILLS, INC. 300 N. LAKE AVE., STE. 620 PASADENA, CA 91101	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	U00000139833
		CITY - ST - ZIP	04/29/04-60136-012 526.25
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		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

SIGNATURE:  MARGARET O SHULER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER VICE PRESIDENT & SECRETARY

Date: 3/17/04 Daytime Phone #: 626 564-2343

STAPLE CHECK HERE