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

## FILED May 06, 2004 08:00 AM Secretary of State

		11ay 1, 2004		,	Secretary of State
DOCUMENT # A96000001608  1. Entity Name BEAVER/FRUITVILLE LIMITED PARTNERSHIP					
Principal Plac	of Business	Mailing Address		<del>/</del>	1
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225 AVANT		225 AVANT AVENU SARASOTA, FL. 342			
SARASOTA, FL 34232 SARASOTA, FL 34232			LJE		
Principal Place of Business     3. Mailing Address					
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Suite, Apt. #, etc.		Suite, Apt. # etc.			01292004 Chg-LP CR2E003 (10/03)
		O'L P O'L			
City & State		. City & State			4. FEI Number Applied For
	T 0		Cour		65-0693796   Not Applicable
Zıp	Country	Zıp	Cour	шу	5. Certificate of Status Desired
	6. Name and Address of Curren	t Registered Agent		1	7. Name and Address of New Registered Agent
	O. Harris dira Madross at Sarro.			Name	
SIMMONS	, GERALD C				
223 AVANT AVENUE				Street Address (	(P.O. Box Number is Not Acceptable)
SARASOT	A, FL 34232				
				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	Signature, typed or printed name of registered agei	n' and trie if applicable			DATE
2.0-1-10-		10. Amount of C	nastal Contri	butions	
<ol><li>Gapital Co as Shown</li></ol>	on record. \$475,100.00	in FLORIDA		outions	
	4 CENEDAL DARTNED	TUATIC A BUCINECE	ENTITU N	HIST DE DECIST	TEDED AND ACTIVE WITH THIS DESIGN
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 PARTNI		13.		ADDRESS CHANGES ONLY
DOCUMENT#	L96000000907	.,		EET ADORESS	
NA <b>M</b> E	BEAVER/FRUITVILLE L.C.		5 IN	LE I ADURESS	
STREET ADDRESS	225 AVANT AVENUE		CIT	r-st-zip	Honopotencia
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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					

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: .

4//27/04