

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

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000002170</b> 1. Entity Name CORTEZ APARTMENTS, LTD.					
Principal Place of Business 1416 CEDAR BAY LANE SARASOTA, FL 34231			Mailing Address 1416 CEDAR BAY LANE SARASOTA, FL 34231		
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 65-0710159	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  INTRASTATE REGISTERED AGENT CORP. 1 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$791,300.00			10. Amount of Capital Contributions in FLORIDA to date. \$791,300.00		
<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 #	P96000096043		STREET ADDRESS		
NAME	CORTEZ APARTMENTS, INC.		CITY-ST-ZIP		
STREET ADDRESS	1416 CEDAR BAY LANE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>John A. Macarulla</i>			2/29/04 941-350-8872		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



02232004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0710159 Applied For Not Applicable

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

9. Capital Contributions as Shown on record. \$791,300.00  
 10. Amount of Capital Contributions in FLORIDA to date. \$791,300.00  
 2/29/04 2 29/04

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SIGNATURE: *John A. Macarulla* 2/29/04 941-350-8872  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE