2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Feb 03, 2004 08:00 AM Secretary of State

DOCUMENT # A9700001215 1. Entity Name MEMPHIS COMMONS, LTD.					Secretary of State				
Principal Piac	e of Business	Ma	ailing Address		<u> </u>				
C/O ESTEIN & ASSOCIATES USA, LTD. C/O ESTEIN & ASSOCIA 5211 INTERNATIONAL DRIVE 5211 INTERNATIONAL ORLANDO, FL 32819 ORLANDO, FL 32819				TES USA DRIVE	, LTD.			II ez iil celti lice	RIODO (KADO OKITO) OK KADO
2. Principal P	lailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.		·	01192004	Chg-LP	CR2E003	
City & State			City & State	<u>, </u>		4. FEI Number 59-34500	90		Applied For Not Applicable
Zip	Country		Zip 	Coun	etry	5. Certificate of S		Fe Fe	3.75 Additional e Required
	6. Name and Address of Curre	nt Regis	tered Agent		Name	7. Name and Ad	dress of New F	legistered Ag	ent
ESTEIN, LOTHAR 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819						ddress (P.O. Box Number is Not Acceptable)			
ORLANDO), FL 32019								
					City	· · · · · · · · · · · · · · · · · · ·		FL	Zip Code
	named entity submits this statementions of registered agent.	t for the p	purpose of changing its	s register	ed office or register	red agent, or both, i	n the State of Flo	orida. I am far	niliar with, and accept
SIGNATURE		3	<u> </u>				· · · · · · · · · · · · · · · · · · ·	·	
9. Capital Co	Signature, typed or printed name of registered ago intributions on record. \$17,669,990.00		10. Amount of Capit in FLORIDA to d		butions			DATE	
	A GENERAL PARTNER	RTHAT	IS A BUSINESS EN	NTITY M					
12,	NOTE: General Partners ! GENERAL PARTN			he form		nt must be filed t	o change a g		er.
DOCUMENT #	L97000000598				ET ADDRESS		720011000 011	ANGES CIVET	
NAME STREET ADDRESS	WELP COMMONS, L.C. 5211 INTERNATIONAL DRIVE								<u></u>
CITY-ST-ZIP	ORLANDO, FL 32819	- 		CITY	-ST-ZIP		<u></u>	·	<u> </u>
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STREET ADDRESS CITY-S1 - ZIP				CITY	-\$T - ZIP	· · · · · · · · · · · · · · · · · · ·			
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STREET ADDRESS City-St-Zip				CITY	-ST-ZIP				
DOCUMENT # NAME		. —	_ ~	STA	EET ADDRESS				
STREET ADDRESS City-St-Zip				CITY	-SI-ZIP				
DOCUMENT # NAME	_			SIRE	ET ADDRESS			. <u></u>	
STREET ADDRESS CITY-ST-ZIP		,		СПУ	-ST-ZIP				
DOCUMENT #				STRI	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY	-S1-ZIP		 	·•	<u></u> _ <u>*</u>
14. I hereby indicated the receiver	certify that the information supplied vi on this report is true and accurate a ver or trustee empowered to execute	vith this fi and that n this repo	ling does not quality for my signature shall have art as required by Chap	or the exe the sam oter 620,	mption stated in Se e legal effect as if r Florida Statutes	ection 119.07(3)(i), F nade under oath; th	Torida Statutes. at I am a Gener	I further certify al Partner of th	that the information e limited partnership o
SIGNAT	TURE: IS			_ .othar Es	stein .	1-7	8-04	. (407)	354-3307
~		OR PRINTE	O NAME OF SIGNING GENER	AL PARTN	FR .		Date	Pour	me Phone #