


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004**


DOCUMENT # A97000001539 1. Entity Name OCOEE PROPERTIES LIMITED PARTNERSHIP	
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FILED
 04 JUL 23 AM 11:08
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

MJH

Principal Place of Business 1133 WEST LONG LAKE ROAD, SUITE 202 BLOOMFIELD HILLS, MI 48302	Mailing Address 1133 WEST LONG LAKE ROAD, SUITE 202 BLOOMFIELD HILLS, MI 48302
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2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	38-3354172	Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country	Zip	Country


 07142004 Chg-LP CR2E003 (10/03) **7/23**

6. Name and Address of Current Registered Agent EMO CORPORATE SERVICES, INC. 100 N.E. THIRD AVENUE, SUITE 1100 FT. LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City FL Zip Code _____
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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.

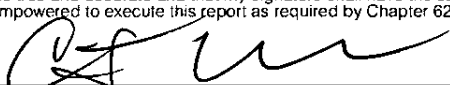
9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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**A GENERAL PARTNER THAT IS A BUSINESS 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 #	P97000060656	STREET ADDRESS	000039956020
NAME	OCOEE DEVELOPMENT, INC.	CITY-ST-ZIP	08/06/04--01056--008 **152.50
STREET ADDRESS	1133 WEST LONG LAKE ROAD, SUITE 202	STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48302	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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:  **7/19/04** **248645-6500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #