

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001563 1. Entity Name ARDEN ESTATES-DAVENPORT LIMITED PARTNERSHIP					
Principal Place of Business % JAMES GRIFFIN 1401 E. BROWARD BLVD., #302 FT. LAUDERDALE, FL 33301			Mailing Address MARK PORATH 16133 VENTURA BLVD., STE 1400 ENCINO, CA 91436		
2. Principal Place of Business 16133 VENTURA BLVD			3. Mailing Address		
Suite, Apt. #, etc. 1400			Suite, Apt. #, etc.		
City & State ENCINO, CA			City & State		
Zip 91436		Country US		Zip Country	
5. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,696,398.75			10. Amount of Capital Contributions in FLORIDA to date. 0.00		
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 #	L97000000771		STREET ADDRESS		
NAME	FL MS/HIIP GP, L.C.		CITY-ST-ZIP		
STREET ADDRESS	16133 VENTURA BLVD., #1400				
CITY-ST-ZIP	ENCINO, CA 91436				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS					
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:			SEE SIGNATURE BLOCK		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		
			Daytime Phone #		



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4. FEI Number 95-4660650 Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

STAPLE CHECK HERE

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