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

FILED Apr 13, 2004 08:00 AM = Secretary of State

DOCUMENT # A9700001999 1. Entity Name GULF REALTY OF ORLANDO, LTD.					Secre	etary of State
Principal Place of Business 2200 LUCIEN WAY, SUITE 350 MAITLAND, FE 32751		Mailing Address 2200 LUCIEN WAY, SUITE 350 MAITLAND, FL 32751				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt, #, etc.		Suite, Apt. #, etc.		03022004 Chg-LP	CR2E003 (10/03)	
City & State		City & State		4. FEI Number 59-3468497	Applied For Not Applicable	
Zip Country		Zip Country		Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Address of New	
NEVELEFF, STEPHAN 2200 LUCIEN WAY, SUITE 350				Name Street Address (P.O. Box Number is Not Acceptab	de)
MAITLAND, FL 32751			•			
				City		Zip Code
8. The above	named entity submits this statement to	or the purpose of changing its	register	ed office or register	red agent, or both, in the State of F	- ,
SICKIATI IDE	,			1		<u> </u>
9. Capital Co	Signature, typed or printed name of registered agent	and title if applicable. 18. Amount of Capit	al Contril	outloos		DATE #
as Shown		in FLORIDA to d		103015		
	A GENERAL PARTNER I NOTE: General Partners MA	THAT IS A BUSINESS EN LY NOT be changed on t	HTTY M	UST BE REGIST	TERED AND ACTIVE WITH THE IT IN THE	HIS OFFICE.
12.	GENERAL PARTNE		13.			ANGES ONLY
DOCUMENT # NAME	P97000080436 NOMAD ORLANDO, INC.		STRE	ET ADDRESS		
ITY-ST-ZP MAITLAND, FL 32751			CITY	ST-ZIP		-
DOCUMENT #			STRE	ET ADDRESS	11000	000119914
STREET ADDRESS			V1813	-ST-ZIP	04/20/0	4-80005-012 526.25
CITY-ST-ZIP		AMP .				<u> </u>
NAME STREET ADDRESS			STRE	ET ADDRESS		
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NAME STREET ADDRESS CITY-SY-ZIP			CITY-	ST-ZIP		
14. I hereby c	ertily that the information supplied with on this report is true and accurate and	that my signature shall have	the same	riegal effect as if m	ction 119.07(3)(i), Florida Statutes. ade under oath; that I am a Gener	I further certify that the information at Partner of the limited partnership or
the receive	er or trustee empowered to execute the	is report as required by Chap	ter 620, F	Torida Statutes	3/4/04	4078257988
		PRINTED HAME OF SIGNING GENERAL	AL PARTNE		. Oake	Daylima Phone #