
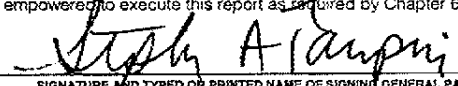
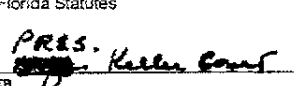


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000002775</b>					
1. Entity Name BAYSHORE APARTMENTS LIMITED PARTNERSHIP					
Principal Place of Business 2476 N. ESSEX AVE. HERNANDO, FL 34442			Mailing Address 2476 N. ESSEX AVE. HERNANDO, FL 34442		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent  ABEL, ERIC D ESQ. 2476 N ESSEX AVENUE HERNANDO, FL 34442				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)   City <b>FL</b> 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. <b>\$247,500.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<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>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000104372	STREET ADDRESS	U000000102197		
NAME	KELLER COURT, INC.	CITY - ST - ZIP	04/05/04-80005-011 526.25		
STREET ADDRESS	2450 N. CITRUS HILLS BLVD.				
CITY - ST - ZIP	HERNANDO, FL 34442				
DOCUMENT #	P97000104368	STREET ADDRESS			
NAME	JOHAB, INC.	CITY - ST - ZIP			
STREET ADDRESS	27 ADALIA				
CITY - ST - ZIP	TAMPA, FL 33606				
DOCUMENT #		STREET ADDRESS			
NAME		CITY - ST - ZIP			
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY - ST - ZIP			
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY - ST - ZIP			
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: 		PRES. 		3/12/04 352-746-6060	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	

STAPLE CHECK HERE