


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000000354</b>			
1. Entity Name KANE COMMUNITIES OF AUDUBON, LTD.			
Principal Place of Business 15 EIGHTH STREET, SUITE B BONITA SPRINGS FL 34134		Mailing Address 15 EIGHTH STREET, SUITE B BONITA SPRINGS FL 34134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0816286		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  METSCH, LEIF E 15 EIGHTH STREET, SUITE B BONITA SPRINGS FL 34134		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. \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date. <i>1000</i>	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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 #	P98000011481	STREET ADDRESS	
NAME	KANE COMMUNITIES OF AUDUBON, INC.	CITY-ST-ZIP	
STREET ADDRESS	15 EIGHTH STREET, SUITE B		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		
DOCUMENT #		STREET ADDRESS	U00000158798
NAME		CITY-ST-ZIP	05/06/04-80005-002 141.25
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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: <i>[Signature]</i> LEIF E. METSCH, PRES		04/23/04 239-948-7092	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



MOORE CR2E003 (11/03)

STAPLE CHECK HERE