


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

DOCUMENT # A98000000405	
1. Entity Name PARK VILLAS ASSOCIATES, LTD.	


Principal Place of Business 1130 WASHINGTON AVENUE, 4TH FLOOR MIAMI BEACH FL 33139	Mailing Address 1130 WASHINGTON AVENUE, 4TH FLOOR MIAMI BEACH FL 33139
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2. Principal Place of Business 1130 Kennedy Cswy. Suite, Apt. #, etc. #505 City & State N. Bay Village, FL Zip 33141	3. Mailing Address 1130 Kennedy Cswy. Suite, Apt. #, etc. #505 City & State N. Bay Village, FL Zip 33141
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FILED

04 APR 30 AM 8:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



MOORE CR2E003 (11/03)

4. FEI Number 65-0889445	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 GREEN, PATRICIA K STEARNS, WEAVER, ET AL 150 WEST FLAGLER STREET, SUITE 2200 MIAMI FL 33130	
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$7,322,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P98000013785	STREET ADDRESS	1130 Kennedy Causeway, #505
NAME	LANDMARK VIII, INC.	CITY-ST-ZIP	Northern Bay Village, FL 33141
STREET ADDRESS	1130 WASHINGTON AVENUE, 4TH FLOOR		
CITY-ST-ZIP	MIAMI BEACH FL 33139		
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:  **FRANCISCO ROLD** **4/26/04 (305) 138-9552, 103** **EXT.**

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

STAPLE CHECK HERE