


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

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

DOCUMENT # A98000000754 1. Entity Name THE FOUNTAINS OF FONTAINBLEAU LTD.	
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Principal Place of Business 9330 FONTAINEBLEAU BLVD. MIAMI FL 33172	Mailing Address 782 N.W. 42ND AVENUE #555 MIAMI FL 33126
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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MOORE CR2E003 (11/03)


6. Name and Address of Current Registered Agent

ONAGHTEN, JUAN T
2665 SOUTH BAYSHORE DRIVE
100 GRAND BAY PLAZA
MIAMI FL 33133

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____	9. Capital Contributions as Shown on record. \$3,000,000.00
10. Amount of Capital Contributions in FLORIDA to date. 		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P98000027329	STREET ADDRESS	
NAME	CANTEL APARTMENT VENTURE I, INC.	CITY-ST-ZIP	
STREET ADDRESS	782 NORTH LEJUENE ROAD, SUITE 555		
CITY-ST-ZIP	MIAMI FL		
DOCUMENT #	P98000027325	STREET ADDRESS	
NAME	DON VENTURE III, INC.	CITY-ST-ZIP	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 1100		
CITY-ST-ZIP	MIAMI FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

STAPLE CHECK HERE