


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

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000000834</b>	
1. Entity Name <b>BRITTANY BAY AT ANDROS ISLE, LTD.</b>	

Principal Place of Business <b>3111 UNIVERSITY DRIVE, SUITE 610 CORAL SPRINGS FL 33065</b>	Mailing Address <b>3111 UNIVERSITY DRIVE, SUITE 610 CORAL SPRINGS FL 33065</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E003 (11/03)

4. FEI Number <b>65-0828299</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent
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<b>HODKIN, PETER M ESQUIRE 1 E. BROWARD BLVD., SUITE 1501 FORT LAUDERDALE FL 33301</b>
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7. Name and Address of New Registered Agent
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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
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9. Capital Contributions as Shown on record. <b>\$1,500,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>0</b>	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 #	<b>P97000068649</b>	STREET ADDRESS	
NAME	<b>ZUCKERMAN HOMES AT ANDROS ISLE, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>3111 UNIVERSITY DRIVE, SUITE 610</b>		
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>		
DOCUMENT #	<b>L01000021869</b>	STREET ADDRESS	<b>04/05/04-80062-011 141.25</b>
NAME	<b>BANKATLANTIC VENTURE PARTNERS 3, LLC</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1750 E. SUNRISE BLVD., THIRD FLOOR</b>		
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33304</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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: 	<b>PRO. ANDREW ZUCKERMAN</b>	<b>3/22/04</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date
		Daytime Phone #

STAPLE CHECK HERE