

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 16 AM 10:31

DOCUMENT # A9800000949

1. Entity Name AMERICAN FEDERAL PROPERTIES, LTD.	
---	---

Principal Place of Business 1 SLEIMAN PARKWAY, SUITE 280 JACKSONVILLE, FL 32216	Mailing Address 1 SLEIMAN PARKWAY, SUITE 280 JACKSONVILLE, FL 32216
---	---

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 HEEKIN, M. MARK 1 SLEIMAN PARKWAY, SUITE 280 JACKSONVILLE, FL 32216	7. Name and Address of New Registered Agent Name <i>Bernard E. Smith</i> Street Address (P.O. Box Number is Not Acceptable) <i>1 Sleiman Parkway</i> <i>Suite 280</i> City <i>Jacksonville</i> FL Zip Code <i>32216</i>
--	--

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 *Mark L. Harkin*

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.	\$100.00	10. Amount of Capital Contributions in FLORIDA to date.
---	----------	--

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 #	P95000057608	STREET ADDRESS	
NAME	AMERICAN FEDERAL PROPERTIES, INC.	CITY-ST-ZIP	<i>2000031755182</i> 04/02/04--01071--006 **141.25
STREET ADDRESS	1 SLEIMAN PARKWAY, SUITE 280		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		
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			
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: *Peter D. Sleiman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-4-04 904-731-8806

Date

Daytime Phone #

STAPLE CHECK HERE