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2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 21, 2004 08:00 AM Secretary of State

Due by May 1, 2004				¬ Secretary of State
1. Entity Nam	MENT # A980000 ELIMITED PARTNERSHIP			
Principal Plac	e of Business	Mailing Address		
2476 N. ESSEX AVE. 2476 N. ESSEX AVE. HERNANDO, FL 34442 HERNANDO, FL 34		X AVE.		
2. Principal Place of Business		3. Mailing Addre	ess	
Suite, Apt #, etc.		Suite Apt. #, etc.		03102004 Chg-LP CR2E003 (10/03)
City & State		City & State		4. FEI Number Applied For 59-3507061 Not Applicable
Zip	Country	Zıp	Country	5. Certificate of Status Desired Sa.75 Additional Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
ABEL, ERIC D ESQ. 2476 N ESSEX AVE HERNANDO, FL 34442			<u></u>	(P.O. Box Number is Not Acceptable)
			City	FL Zip Code
8. The above the obligat	named entity submits this statementions of registered agent.	t for the purpose of cha	anging its registered office or registr	ered agent, or both, in the State of Fforida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered a	ent and title if applicable.		DATE
9. Capital Contributions as Shown on record. \$250,000.00 In FLORIDA to date.				
	A GENERAL PARTNE	R THAT IS A BUSIN	ESS ENTITY MUST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.
12.	GENERAL PARTI	NER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT / NAME	P97000104372 KELLER COURT, INC.		STREET ADDRESS	
STREET ADDRESS GITY-ST-ZIP	2450 N. CITRUS HILLS BLVD HERNANDO, FL 34442		CITY-ST-ZIP	U00000136297 04/29/04-80009-001 526.25
DOCUMENT # NAME			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIF	
DOCUMENT # NAME			STREET ACCIDESS	
STREET ADDRESS CITY-ST-ZIP			GITY - ST - ZIP	
DDCUMENT #			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-S1-2IP	
DOCUMENT # NAME			STREET AODRESS	
STREET ADDRESS CITY-ST-ZIP			C17.4 - 2.1 - 5.1 b	
DOCUMENT / NAME			STREET ADDRESS	
STREET ADDRESS CIT#+ST-ZIP			GITY-ST-ZIF	
14. I hereby of indicated the receiv	certify that the information supplied won this report is true and accurate a ser or trustee empowered to execute	vith this filing does not on not that my signature so this report as required	qualify for the exemption stated in S half have the same legal effect as if by Chapter 620, Florida Statutes	section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath, that I am a General Partner of the limited partnership or
SIGNAT	URE: SIGNATURE AND TYPE	MA 100	MOU'ING GENERAL PARTNER STEPHEN	3/12/04 352-746-6060 A. 70-0-1940 Daylore Phore: