


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 04 APR 30 AM 9:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A98000001077

1. Entity Name
 FUTUREVIEW, LTD.



Principal Place of Business
 1700 SUMMIT LAKE DR.
 TALLAHASSEE, FL 32317

Mailing Address
 1700 SUMMIT LAKE DR.
 TALLAHASSEE, FL 32317

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

Country

04272004 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3528450

5. Certificate of Status Designation
 Additional Fee Required \$8.75

DEPARTMENT OF REVENUE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

30 APR 12:36 PM '04

6. Name and Address of Current Registered Agent

HARRIS, FRED F JR., ESQ
 101 EAST COLLEGE AVENUE
 TALLAHASSEE, FL 32302

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.

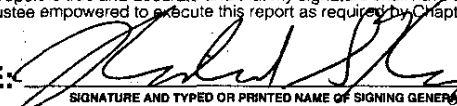
9. Capital Contributions as Shown on record. **\$2,245,675.00**

10. Amount of Capital Contributions in FLORIDA to date. **2,326,904**

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.

GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000097835 TERRA VISTA, INC. 1700 SUMMIT LAKE DR. TALLAHASSEE, FL 32317	STREET ADDRESS CITY-ST-ZIP	700036059157 05/11/04--01056--003 **526.25
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **4-30-04** **219-5289**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE