


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000001276**

1. Entity Name  
**GABLES ON THE GREEN LIMITED GROUP**




Principal Place of Business  
**550 BILTMORE WAY**  
**SUITE 740**  
**CORAL GABLES, FL 33134**

Mailing Address  
**550 BILTMORE WAY**  
**SUITE 740**  
**CORAL GABLES, FL 33134**

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

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



04162004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-0843157**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARTIN, PEDRO A ESQ.**  
**C/O GREENBERG, TRAUIG, ET AL**  
**1221 BRICKELL AVENUE**  
**MIAMI, FL 33131**

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. **\$3,300,000.00**

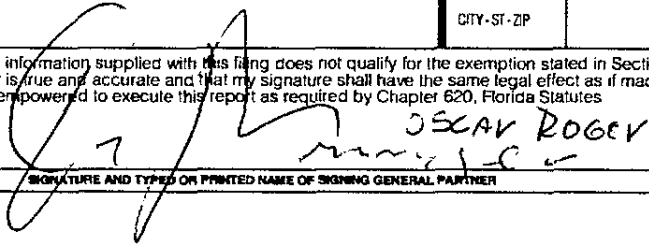
10. Amount of Capital Contributions in FLORIDA to date.

**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P96000079760</b> <b>GABLES ON THE GREEN HOLDINGS, INC.</b> <b>550 BILTMORE WAY</b> <b>CORAL GABLES, FL 33134</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>U00000160004</b> <b>05/13/04-80004-009-526.25</b>
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STAPLE CHECK HERE

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:**  **OSCAR ROGEY** **4/30/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #