

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

FILED

2004 APR 22 PM 3: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001442	
1. Entity Name FLAMINGO GARDENS, LTD.	



Principal Place of Business 16739 SW 84TH COURT MIAMI, FL 33157	Mailing Address 14600 SW 136TH STREET MIAMI, FL 33186
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01222004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0949264		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHUMER, KARL J 19495 BISCAYNE BLVD., STE. 409 AVENTURA, FL 33180		Name Street Address (P.O. Box Number is Not Acceptable) 18305 BISCAYNE BLVD. Suite 216 City Aventura FL Zip Code 33160	

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: 1-22-2004

9. Capital Contributions as Shown on record. \$110,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P97000066199	STREET ADDRESS	
NAME	G.C. HOMES, INC.	CITY-ST-ZIP	
STREET ADDRESS	14600 SW 136TH STREET		
CITY-ST-ZIP	MIAMI, FL 33136		
DOCUMENT #		STREET ADDRESS	200036060092
NAME		CITY-ST-ZIP	05/11/04--01041--013 **526.25
STREET ADDRESS			
CITY-ST-ZIP			
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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: DATE: 4/16/04 DAYTIME PHONE #: (305) 259-3100

STAPLE CHECK HERE