


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A98000001527 1. Entity Name TWIN CITY PROPERTIES, LTD.	
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Principal Place of Business 4502 HIGHWAY 20 EAST SUITE A NICEVILLE, FL 32578	Mailing Address 4502 HIGHWAY 20 EAST SUITE A NICEVILLE, FL 32578
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number 59-3529200 Applied For Not Applicable
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01092004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent

HERNDON, D. TIMOTHY
 4502 HIGHWAY 20 EAST
 SUITE A
 NICEVILLE, FL 32578

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. \$25,000.00	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 #	P99000021733	STREET ADDRESS	
NAME	TWIN CITY MANAGEMENT CORPORATION INC.	CITY-ST-ZIP	
STREET ADDRESS	4502 HIGHWAY 20 EAST		
CITY-ST-ZIP	NICEVILLE, FL 32578		
DOCUMENT #		STREET ADDRESS	
NAME	JAHR, ALFRED	CITY-ST-ZIP	
STREET ADDRESS	1214 OAKMONT DRIVE		
CITY-ST-ZIP	NICEVILLE, FL 32578		
DOCUMENT #		STREET ADDRESS	
NAME	GLASER, WINFIED	CITY-ST-ZIP	
STREET ADDRESS	BONNER STR. 50 53424		
CITY-ST-ZIP	REMAGEN/ROLANDSECK GERMANY,		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

300030119283
 03/09/04 01056 012 **263.75

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: D.T. Herndon **D.T. HERNDON POA** 2/19/04 850 897-4333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

FILED
2004 FEB 23 AM 11:09
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

