


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

**FILED**  
**Mar 04, 2004 08:00-AM**  
**Secretary of State**

<b>DOCUMENT # A98000002729</b>	
1. Entity Name: 3176 DECATUR MORTGAGE LTD.	

Principal Place of Business 1773 WILSHIRE VILLAGE DRIVE WELLINGTON, FL 33414	Mailing Address 1773 WILSHIRE VILLAGE DRIVE WELLINGTON, FL 33414
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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



02182004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0888934	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> X	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 time if applicable.

9. Capital Contributions as Shown on record. \$422,940.00	10. Amount of Capital Contributions in FLORIDA to date. 422,940.00
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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 # NAME STREET ADDRESS CITY-ST-ZIP	M98000001472 DECATUR MORTGAGE SERVICING LLC 1773 WILSHIRE VILLAGE DRIVE WELLINGTON, FL 33414 ✓	STREET ADDRESS	
		CITY-ST-ZIP	000000087650 03/15/04-80019-012 535.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
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		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:**  **MICHAEL SHERRY** 2/26/04 914 793-1793  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE