


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

APPROVED
AND
FILED

04 APR -9 PM 4:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A99000000190	
1. Entity Name SUMMERLAKE APARTMENTS, LTD.	

Principal Place of Business 2937 S.W. 27TH AVE., SUITE 303 COCONUT GROVE FL 33133	Mailing Address 2937 S.W. 27TH AVE., SUITE 303 COCONUT GROVE FL 33133
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2. Principal Place of Business 2950 SW 27th Avenue Suite, Apt. #, etc. 200 City & State Miami FL Zip 33133 Country USA	3. Mailing Address 2950 SW 27th Avenue Suite, Apt. #, etc. 200 City & State Miami FL Zip 33133 Country USA
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MOORE CR2E003 (11/03)

4. FEI Number 65-0896651	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREEN, PATRICIA K 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI FL 33130	
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. \$2,690,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P99000009324	STREET ADDRESS	
NAME	SUMMERLAKE APARTMENTS, INC.	CITY-ST-ZIP	900033213889
STREET ADDRESS	2937 S.W. 27TH AVE., SUITE 303		04/20/04--01070--027 **526.25
CITY-ST-ZIP	COCONUT GROVE FL 33133	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE