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

SIGNATURE!

DUE BY MAY 1, 2004						1-1 1-1	MUALI	
1. Entity Nar	MENT # A99000000618  INVESTMENTS, LTD.	, , , , , , , , , , , , , , , , , , , ,	-			F	AND ILED 2 PM 4: 36	
Principal Place of Business  5750 EAST IRLO BRONSON HIGHWAY ST. CLOULD FL 34771  Mailing Address  5750 EAST IRLO BRONSOS ST. CLOULD FL 34771				SECRETARY OF STATE				
2. Principal Place of Business  1525 The Oaks Blvd 3. Mailing Address  1525 The Coaks Blvd Suite, Apt. #, etc.				BLud MOORE CR2E003 (11/03)				
City & Sta	Immee Fl	City & State	Country	FL	4. FEI Number 59-3	2571414	Applied For Not Applicable \$8.75 Additional	
347	19 USCEO/a	34746	-Osc	eo/a-			Fee Required	
	6. Name and Address of Current Reg	7. Name and Address	of New Registere	1 Agent				
LOWMAN, WILLIAM R JR. 315 EAST ROBINSON STREET, SUITE 600 ORLANDO FL 32801				Name Lowman Withiam RJR.  Street Address (P.O. Box Number is Not Acceptable)  LOOD Legion Thace				
					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								
	Signature, typed or printed name of registered agent and title if applicable.				80888	DATE	COLUMN TO THE TAXABLE PROPERTY OF THE PROPERTY	
	9. Capital Contributions as Shown on record. \$4,000,000.00 as Shown on record. \$1.0 Amount of Capital Contributions in FLORIDA to date.					11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE S SEE REVERSE SIDE FOR FEE INFORMATION		
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	SEVEN T REALTY CORP.				25 The		BLVd	
CITY-ST-ZIP DOCUMENT /	ST. CLOULD FL 34771		STREET ADD		issimme	e FL,	34746	
NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZI		<u>8000:</u> 04/15/040	328362 )1018016	**\$26.25	
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			CITY-ST-ZI				<u> </u>	
NAME 6 STREET ADDRESS			STREET ADD					
CITY-ST-ZIP'								
	certify that the information supplied with this don this report is true and accurate and this report is true and accurate and this re	s filing does not qualify for th t my signature shall have the	e exemption	on stated in Sec al effect as if m	ction 119.07(3)(i), Florida ade under oath; that I am	Statutes. I further on a General Partner	ertify that the information of the limited partnership or	