2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000000894

1. Entity Name
LAKE GRIFFIN ESTATES-CASSELBERRY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
C/O JAMES K. GRIFFIN, JR. 1401 EAST BROWARD BLVD., SUITE 302 FT. LAUDERDALE, FL 33301	16133 VENTURA BLVD #1400 ENCINO, CA 91436

03152004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
16133 VENTURA BLVD.			
Suite, Apt. #, etc. 1400		Suite, Apt. #, etc.	
City & State ENCINO, CA		City & State	
Zip 91436	Country US	Zip	Country

4. FEI Number 95-4746542 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301	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 ______ Signature, typed or printed name of registered agent and title if applicable ______ DATE

9. Capital Contributions as Shown on record. $1,324,552.39

10. Amount of Capital Contributions in FLORIDA to date. 0.00

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 #	L98000003194	STREET ADDRESS	
NAME	FL MSII/SEPII GP, L.C.		
STREET ADDRESS	16133 VENTURA BLVD #1400	CITY-ST-ZIP	
CITY-ST-ZIP	ENCINO, CA		
DOCUMENT #		STREET ADDRESS	400000159008 05/10/04--00012--007 141.25
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STAPLE CHECK HERE

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: SEE SIGNATURE BLOCK — 4/21/04 — 818-385-0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #