


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 22 PM 3:48

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # A99000001102			
1. Entity Name WESTCHESTER APARTMENTS LIMITED PARTNERSHIP			
Principal Place of Business 950 W. VALLEY RD., SUITE 2902 WAYNE, PA 19087		Mailing Address 950 W. VALLEY RD., SUITE 2902 WAYNE, PA 19087	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04062004 Chg-LP CR2E003 (10/03)

4. FEI Number 23-3007682	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent	
		Name	BONNIE Smetzer, JMB REALTY
		Street Address (P.O. Box Number is Not Acceptable)	2174 MARLIS AVE, NE
		City	PALM BAY FL Zip Code 32905

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 *Bonnie Smetzer* DATE _____

9. Capital Contributions as Shown on record. **\$300.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #	P99000055370	STREET ADDRESS	
NAME	GPG VENTURE I, INC.	CITY-ST-ZIP	
STREET ADDRESS	950 W. VALLEY RD., SUITE 2902		
CITY-ST-ZIP	WAYNE, PA 19087		
DOCUMENT #		STREET ADDRESS	000035800810
NAME		CITY-ST-ZIP	05/10/04--01036--006 **150.00
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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: *[Signature]* **4/6/04** **813-968-2277**

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