2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

JLO

FILED
04 MAY 11 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001308

1. Entity Name
RETREAT-SEMINOLE LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
C/O HEARTHSTONE 16133 VENTURA BLVD., SUITE 1400 ENCINO, CA 91436	C/O HEARTHSTONE 16133 VENTURA BLVD., SUITE 1400 ENCINO, CA 91436

03172004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 95-4759870 ☐ 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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. 5AI Filed 9,416,776.12

10. Amount of Capital Contributions in FLORIDA to date. 9,416,776.12

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., SUITE 1400	CITY-ST-ZIP	
CITY-ST-ZIP	ENCINO, CA 91436		
DOCUMENT #		STREET ADDRESS	700036053527 05/11/04--01035--024 **2276.25
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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 #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Form: 2004 UNIFORM BUSINESS REPORT

RETREAT-SEMINOLE, LIMITED PARTNERSHIP
A Florida Limited Partnership

By: FL MS/SEP #2 GP, L.C.
A Florida Limited Liability Company
General Partner

By: Hearthstone
A California Corporation
Manager

By: _____ Date: 04/20/04
Mark A. Porath
Chief Financial Officer
And Senior Vice President