

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004**

DOCUMENT # A99000001879
1. Entity Name
THE PARK AT PALM BAY LIMITED PARTNERSHIP



FILED
04 AUG 26 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1415 OLIVE ST., STE. 310
ST. LOUIS, MO 63103**

Mailing Address
**1415 OLIVE ST., STE. 310
ST. LOUIS, MO 63103**

2. Principal Place of Business
1415 Olive Street

3. Mailing Address
1415 Olive Street

Suite, Apt. #, etc.
Suite 310

City & State
St. Louis, MO

Zip
63103

Country

08132004 Chg-LP CR2E003 (10/03)

4. FEI Number
31-1678843

Applied For
Not Applicable

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

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. **\$4,600,815.00**

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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	
DOCUMENT #	M03000001379
NAME	MBS GP 39, L.L.C.
STREET ADDRESS	1415 OLIVE ST., STE. 310
CITY-ST-ZIP	ST. LOUIS, MO 63103
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300041096143
CITY-ST-ZIP	09/15/04--01022--008 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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

MBS GP 39, L.L.C.; By: MUDCO 4, Inc. Member
By: **Hillary B. Zimmerman, V.P.** *Hillary B Zimmerman* 8/16/2004 314-621-3400

SIGNATURE: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER