

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B00000000152</b>					
<b>1. Entity Name</b> FLORIDA APARTMENT CLUB ST. AUGUSTINE LIMITED PARTNERSHIP					
<b>Principal Place of Business</b> C/O DAYCO HOLDINGS CORPORATION 848 BRICKELL AVENUE MIAMI, FL 33131			<b>Mailing Address</b> C/O DAYCO HOLDINGS CORPORATION 848 BRICKELL AVENUE MIAMI, FL 33131		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 52-2242737					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525					
<b>7. Name and Address of New Registered Agent</b>					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State <b>FL</b> Zip Code					
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>9. Capital Contributions as Shown on record.</b> \$4,330,000.00		<b>10. Amount of Capital Contributions in FLORIDA to date.</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b> P96000018098	<b>NAME</b> THE FLORIDA APARTMENT CLUB, INC.		<b>STREET ADDRESS</b>	_____	
<b>STREET ADDRESS</b> C/O DAYCO HOLDINGS CORPORATION	<b>CITY - ST - ZIP</b> MIAMI, FL 33131		<b>CITY - ST - ZIP</b>	_____	
<b>DOCUMENT #</b>	<b>NAME</b>		<b>STREET ADDRESS</b>	_____	
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	_____	
<b>DOCUMENT #</b>	<b>NAME</b>		<b>STREET ADDRESS</b>	_____	
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	_____	
<b>DOCUMENT #</b>	<b>NAME</b>		<b>STREET ADDRESS</b>	_____	
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	_____	
<b>DOCUMENT #</b>	<b>NAME</b>		<b>STREET ADDRESS</b>	_____	
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	_____	
<b>DOCUMENT #</b>	<b>NAME</b>		<b>STREET ADDRESS</b>	_____	
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	_____	
<b>14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>					
<b>SIGNATURE:</b> _____			Date <b>3/31/04</b> Daytime Phone # _____		

STAPLE CHECK HERE