


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # B00000000200 1. Entity Name SNR EASTWOOD LIMITED PARTNERSHIP	
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FILED

04 APR 30 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2301 14TH ST., SUITE 600 GULFPORT, MS 39501	Mailing Address 608 S. TYNDALL PKWY PANAMA CITY, FL 32404
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04262004 Chg-LP CR2E003 (10/03)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-3653798	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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6. Name and Address of Current Registered Agent SUMNER, DANNY J 608 S. TYNDALL PKWY. PANAMA CITY, FL 32404	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$50,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY- ST- ZIP RUPP, STEVEN N 1250 24TH ST. NW, SUITE 300 WASHINGTON, DC 20037	STREET ADDRESS CITY- ST- ZIP
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 05/11/04--01086--010 **447.50

Handwritten initials

1. 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]* **4-26-04** **850 913 0534**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE