2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE CHECK HERE

FILED Apr 30, 2004 08:00 AM Secretary of State

DOCUMENT # B0000000397 1. Entity Name DOUGLAS CORAL GABLES LIMITED PARTNERSHIP						Secret	ary or State	
Principal Place of Business 201 N NEW YORK AVE., STE, 200 WINTER PARK, FL 32789		Mailing Address 6400 CONGRESS AVE., STE 2100 BOCA RATON, FL 33487						
Principal Place of Business 3. Mailing Address								
Suite, Apt. #. etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02202004 Chg-Ll	P CR2E00	03 (10/03)	
City & State		City & State			4. FEI Number 75-2913478		Applied For Not Applicable	
Zip	Country	Country Zip C		ntry	5. Certificate of Status D		68.75 Additional	
6. Name and Address of Current Registered Agent			<u> </u>	7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name Street Address (Name Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code				
8. The above the obligate SIGNATURE	named entity submits this statement tions of registered agent.		s register	ed office or register	red agent, or both, in the Sta	ate of Florida. I am fa	miliar with, and accept	
	Signature, typed or printed name of registered ag-	ent and title if applicable				DATE		
9. Capital Co as Shown		10. Amount of Capi in FLORIDA to o		butions 4,512	,575.00			
	A GENERAL PARTNER NOTE: General Partners I	I THAT IS A BUSINESS EI MAY NOT be changed on I	NTITY N	IUST BE REGIST	TERED AND ACTIVE W	ITH THIS OFFICE ge a general part	ner.	
12.						SS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS	B01000000217 ITCR CORAL GABLES LIMITED PARTNERSHIP 2001 BRYAN STREET, SUITE 3700 DALLAS, TX 75201		ł	EET ADORESS				
CITY-ST-ZIP			CITY	'-SI-ZIP				
DOCUMENT # NAME STREET ADDRESS			STR	EET ADDRESS				
CITY-ST-ZIP			CITY	'-ST-ZIP	1	00000015659	-021 528.25	
DOCUMENT # NAME			STRI	EET AODRESS	V De U	(v.na-8005)-	·021 528.25	
STREET ADDRESS CITY-ST-ZIP			CITY	- \$1 - ZIP				
DOCUMENT # NAME			STR	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CHY	-ST-ZIP				
DOCUMENT # NAME			STRI	ET ACIDRESS				
STREET ADDRESS CITY-ST-ZIP			GITY	-ST-ZIP				
DOCUMENT / NAME			STRE	EET ADORESS	· -			
STREET ADDRESS City-St-Zip			CITY	-ST-ZIP				
14. I hereby of indicated the receive	certily that the information supplied w on this report is true and accurate a ver or trustee empowered to execute	rith this filing does not quality to not that my signature shall have this report as required by Chap	or the exe the sam- pter 620,	mption stated in Se e legal effect as if n Florida Statutes	oction 119.07(3)(i), Florida S nade under oath, that I am a	tatutes. I further certif General Partner of tr	y that the information ne limited partnership or	