
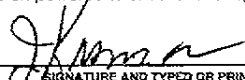


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # B01000000273					
1. Entity Name THE MACINTOSH LAND COMPANY LIMITED PARTNERSHIP					
Principal Place of Business 7100 E. PLEASANT VALLEY ROAD, SUITE 300 INDEPENDENCE, OH 44131			Mailing Address 7100 E. PLEASANT VALLEY ROAD, SUITE 300 INDEPENDENCE, OH 44131		
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 34-1706476	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301				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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$396.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	F01000004226		STREET ADDRESS		
NAME	MACINTOSH LAND INVESTMENT COMPANY		CITY - ST - ZIP		
STREET ADDRESS	7100 E. PLEASANT VALLEY ROAD, SUITE 300		000000004116 01/14/04-80015-018 141.25		
CITY - ST - ZIP	INDEPENDENCE, OH 44131				
DOCUMENT #			STREET ADDRESS		
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CITY - ST - ZIP			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					
SIGNATURE: 			Date: 1-6-04 Daytime Phone #: 216-643-9000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE