

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

FILED

2004 MAY 19 PM 2:14

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



02202004 Chg-LP CR2E003 (10/03)

<b>DOCUMENT # B03000000234</b>					
1. Entity Name <b>DELAWARE ARBOR REALTY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>1209 ORANGE STREET WILMINGTON, DE 19801</b>			Mailing Address <b>333 EARLE OVINGTON BLVD., SUITE 900 UNIONDALE, NY 11553</b>		
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	
				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			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			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. <b>\$22,000,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F03000003160		STREET ADDRESS		
NAME	ARBOR REALTY GP, INC.		CITY-ST-ZIP		
STREET ADDRESS	333 EARLE OVINGTON BLVD., SUITE 900				
CITY-ST-ZIP	UNIONDALE, NY 11553				
DOCUMENT #			STREET ADDRESS	U000000160218	
NAME			CITY-ST-ZIP	05/13/04-30012-009 \$26.25	
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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: <i>Walter K. Horai, Sec.</i>			WALTER K. HORAI 3-17-04 (516) 332-7405		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE