


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

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # B93000000419</b>		
1. Entity Name HOLIDAY RANCH MOBILE HOME PARK, LTD.		

Principal Place of Business 20220 CENTER RIDGE ROAD, SUITE 202 ROCKY RIVER, OH 44116	Mailing Address 20220 CENTER RIDGE ROAD, SUITE 202 ROCKY RIVER, OH 44116
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2. Principal Place of Business 50 S.E. Kindred St. Suite, Apt. #, etc. #301	3. Mailing Address P.O. Box 1768 Suite, Apt. #, etc.
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City & State Stuart, FL	City & State Palm City, FL	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Zip 34994	Country USA	Zip 34991-6768	Country USA

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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.

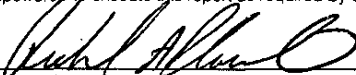
9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed 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	M03000002971 PLACIDO MANAGEMENT MAP, LLC 20220 CENTER RIDGE ROAD, SUITE 202 ROCKY RIVER, OH 44116	STREET ADDRESS CITY - ST - ZIP	
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STAPLE CHECK HERE

11. 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_