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

## DOCUMENT # B96000000328



FILED

1. Entity Name INTERVEST-SOUTHEAST HOUSE LIMITED PARTNERSHIP					OF JAN 21				
Principal Place of Business 15 EAST 5TH STREET, SUITE 2700 TULSA, OK 74103		Mailing Address 15 EAST 5TH STREET, SUITE 2700 TULSA, OK 74103		SECHETAF TALLAHASS	EE, FLORIC	)A			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072004	Chg-LP	CR2E003	3 (10/03)		
City & State		City & State		4. FEI Number 73-15020	23		Applied Not Ap	d For oplicable	
Zip	Country	Zip Coun		try	5. Certificate of			3.75 Addition e Required	ıal
	6. Name and Address of Current	Registered Agent			7. Name and A	dress of New R	egistered Ag	ent	-
AUDROCU PORERT				Name					
MURDOCH, ROBERT C/O JOHSON, ANSELMO, MURDOCH, ET AL 790 EAST BROWARD BLVD., SUITE 400				Street Address (P.O. Box Number is Not Acceptable)					
	RDALE, FL 33301			м					
				City			FL	Zip Code	
	named entity submits this statement foions of registered agent.	r the purpose of changing its	register	ed office or registe	red agent, or both,	in the State of Flo	rida. 1 am far	niliar with, and	accept
SIGNATURE -	Signature, typed or printed name of registered agent	and title II applicable.					DATE		
9. Capital Contributions as Shown on record. \$990.00			Amount of Capital Contributions in FLORIDA to date.		•	-	*** ***,		•
	A GENERAL PARTNER T	HAT IS A BUSINESS EN	TITY M	IUST BE REGIS	TERED AND AC	TIVE WITH TH	IS OFFICE.		• .
NOTE: General Partners MAY NOT be changed on the f					nt must be filed	to change a ge ADDRESS CHA		er.	
12.		INFORMATION	13.			ADDRESS CITA	ANGES ONL		
DOCUMENT / NAME	F9600003200 . ST I.P., LTD.			EET ADDRESS					
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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:

CITY-ST-ZIP

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #