

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 30 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272004 Chg-LP CR2E003 (10/03)

DOCUMENT # B97000000441

1. Entity Name
COVE AT THE LANDINGS OF DELAWARE, LTD.



Principal Place of Business
**115 NW 167TH STREET, SUITE 300
NORTH MIAMI BEACH, FL 33169**

Mailing Address
**115 NW 167TH STREET, SUITE 300
NORTH MIAMI BEACH, FL 33169**

2. Principal Place of Business
One SE 3rd Avenue
Suite, Apt. #, etc.
#3170

3. Mailing Address
One SE 3rd Avenue
Suite, Apt. #, etc.
#3170

City & State
Miami, FL

Zip
33131

Country
USA

6. Name and Address of Current Registered Agent
**AMERICAN LAND HOUSING GROUP, INC.
115 NW 167TH STREET, SUITE 300
NORTH MIAMI BEACH, FL 33169**

4. FEI Number
65-0776258

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
Name
American Land Housing Group, Inc.
Street Address (P.O. Box Number is Not Acceptable)
One SE 3rd Ave
Suite #
#3100
City
Miami FL Zip Code
33131

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, the registered agent.

SIGNATURE **LARA RODRIGUEZ** **CONTROLLER** **4/27/04**
Signature, type or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$6,200,000.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	A00000000687 COVE GP, LLLP 115 NW 167TH STREET, SUITE 300 NORTH MIAMI BEACH, FL 33169	STREET ADDRESS CITY-ST-ZIP	One SE 3 Ave, #3100 Miami, FL 33131
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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: **[Signature]** **4/28/04** **305-654-1500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE