


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

562.50

<b>DOCUMENT # B97000000460</b>	
1. Entity Name <b>BROOKWOOD FLAMINGO PARTNERS LIMITED PARTNERSHIP</b>	

**FILED**

04 APR 30 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>50 DUNHAM RD. BEVERLY, MA 01915</b>	Mailing Address <b>50 DUNHAM RD. BEVERLY, MA 01915</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

04162004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>04-3386138</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$3,950,000.00</b>	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	<b>B97000000459 BROOKWOOD FLAMINGO ASSOCIATES L.P. 55 TOZER ROAD BEVERLY, MA 01915</b>	STREET ADDRESS	
		CITY-ST-ZIP	
			<b>600036472646</b>
			<b>05/14/04--01048--033 **562.50</b>

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:** \_\_\_\_\_ **4/23/04** **978-927-8300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day/Time Phone #

*Thomas N. Tirka*

STAPLE CHECK HERE