2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE: .

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED S 24.25

Mar 25, 2004 08:00 AM

Secretary of State

_	Due By May 1, 2004						Mar 25, 2004 08:00 AM		
	1. Entity Name	MENT # B9800 LK apartments,			Secretary of State				
	1013 CENTER	rincipal Place of Business Mailing Address 013 CENTER ROAD 2601 SOUTH BAYS IILMINGTON, DE 19805 COCONUT GROVE, F			#1775 133				
4	2. Principal P	iace of Business	3. Med	3. Mailing Address					
Ì	Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.		03192004	Chg-LP	CR2E003 (10/03)	
	City & State		City	City & State		4. FEI Numbe 13-4013		Applied For Not Applicable	
	Zip	Country	Zip		Country	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
-	6. Name and Address of Curren		of Current Registers	t Registered Agent		7. Name and	Address of New R	Registered Agent	
	STANLEY, SHERRY 2601 SOUTH BAYSHORE DRIVE, SUITE 177 COCONUT GROVE, FL 33133				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 Signature, typed or printed name of registered agent and title P applicable.							DATE	
	9. Capital Contributions as Shown an record. \$2,400,000.00 19. Amount of Capital Contributions in FLORIDA to date.								
مست	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTE NOTE: General Partners MAY NOT be changed on the form; an amendment								
	12. GENERAL PARTNER INFORMATION				13.		ADDRESS CH	ANGES ONLY	
	BOCUMENT # NAME	ME GW RIVERWALK MANAGEMENT,			STREET ADORESS				
	STREET ADORESS CITY-ST-ZIP	2601 SOUTH BAYSHORE #1775 COCONUT GROVE, FL 33133			CITY-ST-ZIP	<u> </u>			
	NAME STREET ADDRESS				STREET ADORESS			-80008-014 320.23	
_[STREET ADDRESS CITY-ST-ZIP	DP			CITY-ST-ZIP				
	DOCUMENT #				STREET ADDRESS				
	STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP				
	NAME			:	STREET ADDRESS	****			
開	STREET ADDRESS CITY-ST-ZIP			·	CTTY-ST-ZIP				
CHCK HERE	DOCUMENT # NAME				STREET ADDRESS				
핑	STREET ADDRESS CITY-ST-ZIP				CXTY-SI-ZIP				
STAPLE	DOCUMENT # NAME				STREET ADORESS				
	STREET ADORESS City-St-Zip				CITY-ST-ZIP				
	14. I hereby indicated the recei	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 of the receiver or trustee empowered to execute this report is required by Chapter 620, Florida Statutes.							