

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

APPROVED  
 AND  
 FILED

04 APR -9 PM 4:10

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # B98000000607	
1. Entity Name COLEWOOD LIMITED PARTNERSHIP	



Principal Place of Business 333 NORTH SUMMIT STREET TOLEDO, OH 43604	Mailing Address 333 NORTH SUMMIT STREET TOLEDO, OH 43604
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



01072004 Chg-LP CR2E003 (10/03)

4. FEI Number 52-1335634	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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

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 #	F98000005753	STREET ADDRESS	
NAME	AMERICAN HOSPITAL BUILDING CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	333 NORTH SUMMIT STREET		
CITY-ST-ZIP	TOLEDO, OH 43604		
DOCUMENT #		STREET ADDRESS	000033172290
NAME		CITY-ST-ZIP	04/20/04 01053 012 **141.50
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: <i>[Signature]</i>	04-01-04 (419) 252-5764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #