2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

	DUE BY MAY 1, 2004				APPROVED
	1. Entity Name		60		FILED
	PM CONSTRUCTION & REHAB, L.P.				04 MAY -4 PM 4: 47
-	Principal Place of Business Mailing Address 7704 EAST ERATH 7704 EAST ERATH			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	HOUSTON TX 77012 HOUSTON TX 77012				
-	2. Principal Place of Business 3. Mailing Address 3. Mailing Address 3. Mailing Address 3. Mailing Address Suite, Apt. #, etc.		hey		
					MOORE CR2E003 (11/03)
		dena, 7x	City & State Pasadena	TX	4. FEI Number Applied For Not Applicable
	Zip 775	O6 Country	77506	Country	-5Certificate of Status Desired \$8.75 Additional
F	6. Name and Address of Current Registered Agent			Name -	Name and Address of New Registered Agent
	RAX CO. 50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE FL 32202			Street Addres	ss (P.O. Box Number is Not Acceptable)
Ì				City	FL Zip Code
ŀ	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 if applicable. 9. Capital Contributions \$168,500.00 10. Amount of Capital Contributions \$168,500.00				
-	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
ļ	NOTE: General Partners MAY NOT be changed on the form; an amendmer 12. GENERAL PARTNER INFORMATION 13.			nent must be filed to change a general partner. ADDRESS CHANGES ONLY	
	DOCUMENT # NAME	ME REPIPE GP, LLC REET ADDRESS 5051 WESTHEIMER, SUITE 1890		STREET ADDRESS	2925 Briarpark Dr. Ste. 1000
	STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	touston TX 77042
 	DOCUMENT /			STREET ADDRESS	-100g
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	STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
	14. I hereby certify that the information supplied with this filling 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 AND TIPED OR PRINTED NAME OF SIGNING GENERAL PARTNER