

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


FILED

2004 JAN 16 AM 8:38

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



01082004 Chg-LP CR2E003 (10/03)

DOCUMENT # B99000000414					
1. Entity Name THE OLDCHESTER LIMITED PARTNERSHIP					
Principal Place of Business 3055 CARDINAL DRIVE, SUITE 202 VERO BEACH, FL 32963			Mailing Address 500 COCONUT PALM ROAD VERO BEACH, FL 32963		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0804715	
				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				7. Name and Address of New Registered Agent	
CURTIS, NED P 3055 CARDINAL DRIVE, SUITE 202 VERO BEACH, FL 32963				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,606,915.00			10. Amount of Capital Contributions in FLORIDA to date. \$2,606,915.00		
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	300027111713	
NAME	SCHULTZ, MARGARET F TRUSTEE		CITY-ST-ZIP	01/16/04--01060--013 **526.25	
STREET ADDRESS	500 COCONUT PALM ROAD		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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>Margaret F. Schultz</i>				JAN. 8, 2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

STAPLE CHECK HERE