

2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

FILED

04 APR 30 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # B99000000429			
1. Entity Name CONCORD SIERRA WEST PALM BEACH ASSOCIATES, L.P.			
Principal Place of Business 5966 HEISLEY RD., 2ND FLOOR MENTOR, OH 44060		Mailing Address 5966 HEISLEY RD., 2ND FLOOR MENTOR, OH 44060	
2. Principal Place of Business 8001 SIX FICKS ROAD		3. Mailing Address Same	
Suite, Apt. #, etc. Room 1, Suite 540		Suite, Apt. #, etc.	
City & State Raleigh North Carolina		City & State	
Zip 27615	Country UNITED STATES	Zip	Country
4. FEI Number 25-1847601		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	
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. \$2,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. UGA Filing Fee 437.50 max UGA Supplemental Fee 88.75 Total 526.25			
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 #	F99000006196	STREET ADDRESS	
NAME	WEST PALM BEACH SIERRA, INC.	CITY-ST-ZIP	
STREET ADDRESS	409 BROAD STREET, SUITE 203		
CITY-ST-ZIP	SEWICKLEY, PA 15143		
DOCUMENT #		STREET ADDRESS	000036487630
NAME		CITY-ST-ZIP	05/17/04--01015--012 **526.25
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STREET ADDRESS			
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:		4/21/04 (919) 455-2828	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE