


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

FILED

2004 APR 21 PM 3: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A15253	
1. Entity Name 1215 LOUISIANA PARTNERSHIP, LTD.	

Principal Place of Business 1100 N. NEW YORK AVENUE WINTER PARK FL 32789	Mailing Address P.O. BOX 2173 WINTER PARK FL 32790
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MOORE CR2E003 (11/03)

2. Principal Place of Business <i>315 E. Robinson St</i>	3. Mailing Address <i>P.O. Box 2173</i>
Suite, Apt. #, etc. <i>Suite 160</i>	Suite, Apt. #, etc. <i>70</i>

City & State <i>ORLANDO, Fla.</i>	City & State <i>Winter Park Fla.</i>	4. FEI Number 59-2317467	Applied For Not Applicable
Zip <i>32801</i>	Country <i>LISA</i>	Zip <i>32790</i>	Country <i>LISA</i>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COOPER, JAMES E. 1100 N. NEW YORK AVE. WINTER PARK FL 32789	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	<i>315 E - Robinson Street</i>
	<i>Suite 160</i>
City	<i>ORLANDO</i>
State	FL
Zip Code	<i>32801</i>

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	\$52,900.00
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10. Amount of Capital Contributions in FLORIDA to date.	
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11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

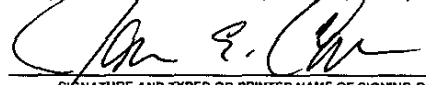
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	COOPER, JAMES E.
STREET ADDRESS	1100 N. NEW YORK AVENUE
CITY - ST - ZIP	WINTER PARK FL 32789
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<i>100035831751</i>
CITY - ST - ZIP	<i>05/10/04--01107--034 **467.80</i>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: *4-19-04*
Daytime Phone #