

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


FILED

2004 APR 23 PM 3: 56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A0000000784


1. Entity Name
 5601 POWERLINE CENTER, LTD.



Principal Place of Business Mailing Address
 C/O JAMIE A. DANBURG C/O JAMIE A. DANBURG
 7700 CONGRESS AVE., STE. 3100 7700 CONGRESS AVE., STE. 3100
 BOCA RATON, FL 33487 BOCA RATON, FL 33487

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



01122004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-1009056

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FELUREN, MARK S
 2200 N. COMMERCE PKSY., STE. 202
 WESTON, FL 33326

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

9. Capital Contributions as Shown on record. \$10,000.00 10. Amount of Capital Contributions in FLORIDA to date.

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 #	P00000047428	STREET ADDRESS	
NAME	POWERLINE CENTER, INC.	CITY-ST-ZIP	
STREET ADDRESS	7700 CONGRESS AVE., STE. 3100		
CITY-ST-ZIP	BOCA RATON, FL 33487		
DOCUMENT #		STREET ADDRESS	700035826767
NAME		CITY-ST-ZIP	05/10/04--01094--015 **158.75
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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:  **Jamie A. Danburg** 4-20-04 361-997-5777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #