


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR -8 PM 4:03

**DOCUMENT # A0100000157**

1. Entity Name  
 BIRDIE PAR LIMITED PARTNERSHIP



Principal Place of Business  
 4540 OAK TREE COURT  
 DELRAY BEACH, FL 33445

Mailing Address  
 C/O DAVID DREYER  
 222 LAKEVIEW AVENUE, SUITE 1000  
 WEST PALM BEACH, FL 33401



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Holland & Knight LLP  
 c/o Allan Landau  
 Suite, Apt. #, etc.  
 222 Lakeview Ave., Suite 1000

01282004 Chg-LP CR2E003 (10/03)

City & State  
 West Palm, FL 33401

4. FEI Number  
 65-1132667

Applied For  
 Not Applicable

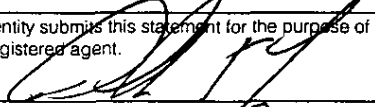
Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DREYER, DAVID E  
 222 LAKEVIEW AVENUE, SUITE 1000  
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent  
 Name  
 Holland & Knight LLP c/o Allan Landau  
 Street Address (P.O. Box Number is Not Acceptable)  
 222 Lakeview Ave., Suite 1000  
 City West Palm Beach FL Zip Code 33401

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 2/5/04

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


9. Capital Contributions as Shown on record. \$5,000,000.00

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 #	P00000116680	STREET ADDRESS	
NAME	BIRDIE PAR CORP.	CITY-ST-ZIP	
STREET ADDRESS	4540 OAK TREE COURT		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	700091103157
STREET ADDRESS			03/25/04--01026--025 **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:  DATE 2-25-04 561-499-7056

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