


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

**FILED
Apr 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # A02000000752

1. Entity Name
1902 PENINSULA PARTNERS, LTD.



Principal Place of Business: 1250 EAST HALLANDALE BEACH BLVD., #0008 HALLANDALE BEACH, FL 33009

Mailing Address: 1250 EAST HALLANDALE BEACH BLVD., #0008 HALLANDALE BEACH, FL 33009

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

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



04272004 Chg-LP CR2E003 (10/03)

4. FEI Number: 03-0463179 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent: MOSKOVITZ, DANIEL ESQ. 48 EAST FLAGLER STREET, PH-104 MIAMI, FL 33131

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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: \$200,000.00

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 #	L02000012648	STREET ADDRESS	
NAME	1902 MANAGEMENT, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	1250 EAST HALLANDALE BEACH BLVD., #1008		
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	000000153222
STREET ADDRESS			05/07/04-80012-022 526.25
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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: *Lorraine Tinska* *1902 Management, LLC* *Manager* 4/28/04 954455-3005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: Lorraine Tinska

Date: 4/28/04 Daytime Phone #: 954455-3005