2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DUE DY WAY 1, 2004											
DOCUMENT # A0300000377 1. Entity Name)
TRG HALLANDALE BEACH HOLDINGS, LTD.									04 MAR -	-5 PH 12:	58
Principal Place of Business Mailing Address									Sit	311	00
2828 CORAL WAY, PH 5 MIAMI FL 33143				2828 CORAL WAY, PH 5 MIAMI FL 33143				TALLAHASSEE, FLORIDA			
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				, N	MOORE	CR2E003 (1	1/03)
City & State				City & State				4. FEI Number	04-37	66502	
Zip				Zip Count			try	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name	and Addres	s of Current R	egist	ered Agent		7. Name and Address of New Registered Agent				nt
LEC		7 ANGE!					Name				
HERNANDEZ, ANGEL 2828 CORAL WAY, PH 5 MIAMI FL 33143							Street Address (dress (P.O. Box Number is Not Acceptable)			
							City			FL	Zip Code
 The above named entity submits this statement for the purpose of changing its regist the obligations of registered agent. 							l ed office or register	ed agent, or both	in the State of F		iliar with, and accept
SiGNATURE — Signature, typed or printed name of registered agent and title if applicable. DATE											
9. Capital Contributions \$999.00 10. Ar						Amount of Capital Contributions in FLORIDA to date.					FL. DEPT. OF STATE E INFORMATION
					S A BUSINESS EN						
40	NOTE	 			F be changed on the	he form	i; an amendmen	it must be filed			er.
12. GENERAL PARTNER INFORMATION DOCUMENT # L03000008626							1		ADDRESS CF	IANGES ONLY	
NAME	TRG HALLANDALE BEACH HOLDINGS, LLC					STRE	ET ADDRESS				
STREET ADDRESS	ESS 2828 CORAL WAY, PH 5				•	CITY	-ST-ZIP			•	
CITY-ST-ZIP											
DOCUMENT / NAME :						STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP						CITY	-ST-ZIP	400031371694 03/30/0401023001 **1492.50			
DOCUMENT ** NAME						STRE	ET ADDRESS	03/30/0401023001 **1492.50			
STREET ADDRESS CITY-ST-ZIP			-		-	CITY	-ST-ZIP				
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NAME STREET ADDRESS						CITY	-ST-ZIP			11.	90
CITY-ST-ZIP DOCUMENT #					<u> </u>	STRE	EET ADDRESS			#120	
NAME STREET ADDRESS						1	'-ST-ZIP			1	
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 partner.											
the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes											
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNANG GENERAL PARTNER Date Da											

Date

Daytime Phone #