

2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

FILED

04 JUN 22 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000837

1. Entity Name
HART DISTRICT, LTD.

Principal Place of Business

3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD, FL 33021

Mailing Address

3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD, FL 33021

2. Principal Place of Business

18851 NE 29th Ave
Suite, Apt. #, etc.
7th FL

3. Mailing Address

18851 NE 29th Ave
Suite, Apt. #, etc.
7th FL

City & State

Aventura

City & State

Aventura

Zip

33180

Country

US

Zip

33180

Country

US

04052004

Chg-LP

CR2E003 (10/03)

6/22

4. FFI Number

20-07-241-97

Applied for

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROUSSO, MARK E
3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD, FL 33021

Name

GARY D POSNER

Street Address (P.O. Box Number is Not Acceptable)

18851 NE 29th Ave

City

Aventura

FL

Zip Code

33180

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

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

DATE:

9. Capital Contribution
as Shown on record.

\$750,000.00

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

DOCUMENT # L03000013398
NAME HART DISTRICT, L.L.C.
STREET ADDRESS 3440 HOLLYWOOD BLVD., SUITE 360
CITY-ST-ZIP HOLLYWOOD, FL 33021

13. ADDRESS CHANGES ONLY

STREET ADDRESS

18851 NE 29th Ave 7th FL

CITY-ST-ZIP

AVENTURA FL 33180

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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(5)(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 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

4/9/04

Date

305 466-4567

Daytime Phone

TOTAL P.03