

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 27 AM 11:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A03000001820

1. Entity Name
 410 NE 1ST AVENUE, LTD.



Principal Place of Business Mailing Address
 440 NE 1ST AVENUE 440 NE 1ST AVENUE
 HALLANDALE, FL 33009 HALLANDALE, FL 33009

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02262004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
 20-0582148 Not Applicable

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

6. Name and Address of Current Registered Agent

ATKINSON, WILLIAM C III, ESQ
 C/O ATKINSON, DINER, ET AL
 1946 TYLER STREET
 HOLLYWOOD, FL 33020

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: **\$700,000.00**

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 #	P03000156349	STREET ADDRESS	
NAME	410 REAL ESTATE, INC.	CITY-ST-ZIP	000037812590
STREET ADDRESS	440 NE 1ST AVENUE		06/09/04--01068--012 **\$526.25
CITY-ST-ZIP	HALLANDALE, FL 33009		
DOCUMENT #		STREET ADDRESS	
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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: Laurie Godbout President *Laurie Godbout* 3/16/04 954-457-8100

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