


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

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A07724</b>			
1. Entity Name BYRON FLAGLER, LTD.			
Principal Place of Business % BORIS ROSEN 150 SE 2ND AVENUE, SUITE #1200 MIAMI, FL 33131		Mailing Address % BORIS ROSEN 150 SE 2ND AVENUE, SUITE #1200 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARBIN, EVAN R 48 E FLAGLER STREET PH-104 MIAMI, FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 _____ <small>Signature: Typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. <b>\$397,048.68</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	100000102163 04/05/04-80005-001 526.25
NAME	KOZOLCHYK, BENNY	CITY- ST- ZIP	
STREET ADDRESS	2076 NE 121ST ROAD		
CITY- ST- ZIP	MIAMI BEACH, FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ROK, NATAN	CITY- ST- ZIP	
STREET ADDRESS	20 SE 1 AVE		
CITY- ST- ZIP	MIAMI, FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
14. I hereby certify that the information supplied with this form 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.			
<b>SIGNATURE:</b> _____		3/17/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Day/Mo/Yr</small>	

STAPLE CHECK HERE