

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

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A32882**

1. Entity Name  
**DOWNTOWN TAMPA PROPERTIES, LTD.**



Principal Place of Business  
**200 BOULDER RIDGE ROAD  
SCARSDALE, NY 10583**

Mailing Address  
**C/O WEBSTER & PARTNERS, P.L.  
1936 LEE ROAD, STE. 101  
WINTER PARK, FL 32789**



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

01092004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**59-3142266**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**W & P SERVICES, INC.  
1936 LEE ROAD, STE. 101  
WINTER PARK, FL 32789**

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

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

DATE

9. Capital Contributions  
as Shown on record. **\$1,944,137.00**

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 # **P93000031040**  
NAME **SCIDC TAMPA PROPERTIES, INC.**  
STREET ADDRESS **200 BOULDER RIDGE ROAD**  
CITY-ST-ZIP **SCARSDALE, NY 10583**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**000000119957**  
**04/20/04-80005-025 525.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS

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(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**HOMI GAZDAR**

**MARCH 31, 2004**

Date Daytime Phone #

STAPLE CHECK HERE