


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Feb 17, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A94000000593**  
1. Entity Name  
1234 PARTNERS, LTD.



Principal Place of Business: 523 MICHIGAN AVE. MIAMI BEACH FL 33139  
Mailing Address: 523 MICHIGAN AVE. MIAMI BEACH FL 33139

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State Zip Country



4. FEI Number 65-0498655 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
FRYD, JONATHAN  
523 MICHIGAN AVE.  
MIAMI BEACH FL 33139

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 \_\_\_\_\_  
Signature, typed or printed name of registering agent and title, if applicable.

9. Capital Contributions as Shown on record. \$891,000.00  
10. Amount of Capital Contributions in FLORIDA to date.  
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	P94000044722	STREET ADDRESS	
NAME	1234 GROUP, INC.	CITY - ST - ZIP	
STREET ADDRESS	523 MICHIGAN AVENUE		
CITY - ST - ZIP	MIAMI BEACH FL 33139		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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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)(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: \_\_\_\_\_ *[Signature]* 2-12-04 305-673-2948  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE