


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

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000000932</b> 1. Entity Name 2727 CRN PARTNERS, LTD.					
Principal Place of Business 8585 SUNSET DRIVE, WEST ATRIUM MIAMI, FL 33143			Mailing Address 8585 SUNSET DRIVE, WEST ATRIUM MIAMI, FL 33143		
2. Principal Place of Business Suite, Apt. #, etc			3. Mailing Address Suite, Apt. #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01272004 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0831612				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MARSHALL R. PASTERNAK, P.A. 200 S. BISCAYNE BLVD., SUITE 2500 MIAMI, FL 33131				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 _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$110,212.00			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 #	L18817		STREET ADDRESS		
NAME	L.F.A. FACILITY MANAGEMENT CORPORATION ✓		CITY-ST-ZIP		
STREET ADDRESS	8585 SUNSET DRIVE, WEST ATRIUM				
CITY-ST-ZIP	MIAMI, FL 33143				
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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: <u>Lawrence Forman</u>			1/27/04 (305) 595-8232		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE