## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

## FILED Jul 16, 2004 08:00 AM Secretary of State

	Due by 3ept	enibel 0, 20	U-T		- C4 C-4-4-
DOCUMENT # A9900000611  1. Entity Name PARK AVENUE NORTH, LTD.					Secretary of State
Francipal Place of Business Mailing Address					300mm for
1085 PARK AVENUE NORTH WINTER PARK, FL 32789		1085 PARK AVENUE NORTH WINTER PARK, FL 32789		•	\$16 - 4
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc.		-	97012804 Chg-LP CR2E003 (19/03)
City & State		City & State		·=	4. FEI Number Applied For 59-3570203 Not Applicab
Žip	Country	Zip	Cour	nlry	F. Carbinate of Flores Desired S \$8.75 Additional
	6. Name and Address of Curren	Bogintered Agent		<del>-</del>	7. Name and Address of New Registered Agent
	a. Hame and Address of Gurren	tredisteren weett		Name	viene ann Leftides at trea Goffenson tillen
MAGRUDER, G. BROCK SR. 1085 PARK AVENUE NORTH WINTER PARK, FL 32789				Street Address	(P.O. Box Number is Not Acceptable)
				City	FL Zip Code
8. The above	named entity submits this statement f	or the purpose of changin	ng its register	red office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accor
the obligat	ions of registered agent.				
SIGNATURE	Signature, typed or printed name of registered agen	and fits it annite ania	<del>_</del>		DATE
9. Capital Co	ntributions	18. Amount of C	Capital Contr	mutions	In accordance with s. 607.193(2)(b), F.S.,
as Shown		in FLORIDA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	the limited partnership did not receive the prior notice.
	A GENERAL PARTNER	THAT IS A BUSINESS	ENTITY N	MUST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE.
12.	NOTE: General Partners M GENERAL PARTNE		on the form		ent must be filed to change a general partner.  ADDRESS CHANGES ONLY
DOCUMENT #	P95000025938			<del></del>	
HAME	MAGRUDER CONSULTING, IN	C.	SIF	REET ADDRESS	
STREET ABDRESS	1085 PARK AVENUE NORTH		CiT	Y-SI-Z:P	
CHY-SI-ZIP	WINTER PARK, FL 32789	<del> </del>			U00000165840 U7/15/04-80014-016 141.25
BOCUMENT # NAME			ST	REET ADDRESS	01/10/04 00014 010 141*52
STREET ADDRESS CITY- ST- ZIF			CH	Y-SI-2IP	
EUDOUMENI #				REET ADDRESS	_
NAME STREET ADORESE			50		
STREET ADDRESS City-St-Zip			CR	Y-51-ZIP	
DOCUMENT # NAME		-	ŞI	REET ADDRESS	
STREET ADDRESS CITY 51-74P			CIT	ry-st-zip	
DOCUMENT#			cn	REET ADBRESS	W is ,t
NAME ELECT ADDRESS			311		- 1
SIREEI ADDRESS SITY-ST-ZIP			Cil	IY-\$1-2(P	
80CUMENT #			ST	REET ADDRESS	* Abril
NAME STREET ADDRESS					
GITY-ST-ZIP			Cit	fy-sf-Z@	
14. I hereby indicated the recei	certify that the information supplied with on this report is true and accurate anyone or trustee empowered to execute to	th this filling does not qual d that my signature shall his report as required by	lify for the ex have the sar Chapter 620	temption stated in 5 me legal effect as if i, Florida Statutes	Section 119.07(3)(f), Florida Statutes, I further certify that the information imade under oath; that I am a General Partner of the limited partnership