


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

**FILED
Apr 14, 2004 08:00 AM
Secretary of State**

DOCUMENT # A99000000798

1. Entity Name
SHAPCO ENTERPRISES, LTD.



Principal Place of Business
10205 COLLINS AVE., PH9
BAL HARBOUR, FL 33154-1405

Mailing Address
10205 COLLINS AVE., PH9
BAL HARBOUR, FL 33154-1405


2. Principal Place of Business
Suite, Apt. #, etc

3. Mailing Address
Suite, Apt. #, etc

City & State
Zip Country

City & State
Zip Country

6. Name and Address of Current Registered Agent
HELLER, DAN P
701 BRICKELL AVENUE, SUITE 1900
MIAMI, FL 33131



03282004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0910415

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

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

9. Capital Contributions as Shown on record. **\$2,000,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SHAPIRO, STANELY TRUSTEE 10205 COLLINS AVE., PH9 BAL HARBOUR, FL 331541405	STREET ADDRESS CITY-ST-ZIP	
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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:  **DATE:** 4/10/04

SIGNATURE AND TYPED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE