

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

**DOCUMENT # B02000000109**

1. Entity Name  
**1500 CONCORD TERRACE LP**



**FILED**

**04 AUG 16 PM 2:09**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**MEM**

Principal Place of Business  
**8 CAMPUS DRIVE, 4TH FLOOR  
PARSIPPANY, NJ 07054**

Mailing Address  
**8 CAMPUS DRIVE, 4TH FLOOR  
PARSIPPANY, NJ 07054**

2. Principal Place of Business

3. Mailing Address *NO PRUDENTIAL*  
**PREI-LAW DEPT.  
8 CAMPUS DRIVE, 4TH FLOOR**



07022004

Chg-LP

CR2E003 (10/03)

*814*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**APPLIED FOR 32-0010416**

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**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$0.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

**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 # **M02000000841**  
NAME **1500 CT LLC**  
STREET ADDRESS **8 CAMPUS DRIVE, 4TH FLOOR**  
CITY-ST-ZIP **PARSIPPANY, NJ 07054**

DOCUMENT #  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**100040593401  
08/27/04--01098--002 \*\*141.25**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

**BY STRATEGIC PERFORMANCE FUND II, INC., THE MANAGING  
MEMBER OF 1500 CT LLC**