


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVE
AND
FILED

04 MAY -6 PM 4:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # B0200000256

1. Entry Name
WALSER FLORIDA PROPERTIES LIMITED PARTNERSHIP



Principal Place of Business
**5501 EXCELSIOR BOULEVARD
 ST. LOUIS PARK, MN 55416**

Mailing Address
**5501 EXCELSIOR BOULEVARD
 ST. LOUIS PARK, MN 55416**

2. Principal Place of Business
3200 WEBSTER AVENUE

3. Mailing Address
3200 WEBSTER AVENUE

Suite, Apt. #, etc.

City & State
ST. LOUIS PARK, MN

City & State
ST. LOUIS PARK, MN

Zip
55416

Country
HENNEPIN

Zip
55416

County
HENNEPIN



04232004 Chg-LP CR2E003 (10/03)

4. FEI Number
16-1615567

Applied For
 Not Applicable

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

9. Capital Contributions as Shown on record. **\$1,496,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **701,000**

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 #	M02000001910	STREET ADDRESS	3200 WEBSTER AVENUE
NAME	R.J. WALSER II, LLC	CITY - ST - ZIP	ST. LOUIS PARK, MN 55416
STREET ADDRESS	5501 EXCELSIOR BOULEVARD		
CITY - ST - ZIP	ST. LOUIS PARK, MN 55416		
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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: Robert J. Walsen DATE: _____ CONTINUE PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE