


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # B99000000140	
1. Entity Name KIR PIERS L.P.	

Principal Place of Business 3333 NEW HYDE PARK ROAD NEW HYDE PARK NY 11042	Mailing Address 3333 NEW HYDE PARK ROAD NEW HYDE PARK NY 11042
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt # etc
City & State	City & State
Zip Country	Zip Country



MOORE CR2E003 (11/03)

4. FEI Number 51-215542	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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. \$0.00	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	M99000000457	STREET ADDRESS	
NAME	KIR PIERS 716 L.L.C.	CITY - ST - ZIP	
STREET ADDRESS	3333 NEW HYDE PARK ROAD		
CITY - ST - ZIP	NEW HYDE PARK NY 11042		
DOCUMENT #		STREET ADDRESS	1100000156861
NAME		CITY - ST - ZIP	05/05/04-80006-019 141.25
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STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

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:  **michaelschindler on behalf of**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER