


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

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A92000000167
1. Entity Name
1350 EAST 18 STREET, LIMITED PARTNERSHIP



Principal Place of Business: 6650 SHEFFIELD LANE, LAGORCE ISLAND, MIAMI BEACH FL 33141
Mailing Address: 6650 SHEFFIELD LANE, LAGORCE ISLAND, MIAMI BEACH FL 33141

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country



MOORE CR2E003 (11/03)

4. FEI Number: 65-0374862
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

TURKEN, HYMAN
6650 SHEFFIELD LANE
LAGORCE ISLAND
MIAMI BEACH FL 33141

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: \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # | NAME | STREET ADDRESS | CITY - ST - ZIP |
|--------------|----------------------|-------------------------------------|----------------------|
| P92000011957 | JAROB BROOKLYN, INC. | 6650 SHEFFIELD LANE, LAGORCE ISLAND | MIAMI BEACH FL 33141 |
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13. ADDRESS CHANGES ONLY

| STREET ADDRESS | CITY - ST - ZIP |
|----------------|---------------------------|
| 1000000102333 | 04/05/04-80008-016 141.25 |
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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)(c), 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: Hyman Turken 3-18-2004 305-864-5608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE