2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004 FILED SECRETARY OF STATE DIVISIONS DOCUMENT # A23569 T & W RAPPAPORT INVESTMENTS, LTD. 04 APR -5 AM 10: 42 Principal Place of Business Mailing Address 117 SOUTH 17TH ST. 117 SOUTH 17TH ST. ARCHITECTS BUILDING - 5TH FLOOR ARCHITECTS BUILDING - 5TH FLOOR PHILADELPHIA, PA 19103 PHILADELPHIA, PA 19103 2. Principal Place of Business 3. Mailing Address Mellon Bank Center Mellon Bank Center 03292004 CR2E003 (10/03) Chg-LP Suite 2510 1735 Market St., Suite 2510 1735 Market 4. FEI Number 52-1476227 Zip Country \$8.75 Additional X 5. Certificate of Status Desired 19103 19103 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KORN, GARY A Street Address (P.O. Box Number is Not Acceptable) 20803 BISCCAYNE BLVD. SUITE 200 AVENTURA, FL 33180 City 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. 700034384167 04/28/04--01021--0<u>14</u> SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions \$2,336,808.00 as Shown on record. in FLORIDA to date. \$2<u>,336,808.00</u> 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	RAPPAPORT, WIL WES	STREET ADDRESS	Mellon Bank Center, 1735 Market St., 2510 Philadelphia, PA 19103
STREET ADDRESS CITY-ST-ZIP	117 SOUTH 17TH ST. PHILADELPHIA, PA 19103	CITY-ST-ZIP	Philadelphia PA 19103
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT / NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

14. 1 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: X

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Applied For

Not Applicable