## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## **DOCUMENT # A95000001685** 2004 APR 22 PM 3: 49 THE PALMS 2100 OCEAN BOULEVARD, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2200 N. ATLANTIC BLVD. 2200 N. ATLANTIC BLVD. FT. LAUDERDALE, FL 33305 FT. LAUDERDALE, FL 33305 3. Mailing Address 3800 S.Ocean Suite, Apt. #, etc. 02032004 Chq-LP CR2E003 (10/03) 210 City & State 4. FEI Number Applied For 65-0625015 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FAIRMAN, NEIL Street Address (P.O.-Box Number is Not Acceptable 2100 N. ATLANTIC BLVD. FT. LAUDERDALE, FL 33305 210 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 10. Amount of Capital Contributions 9. Capital Contributions \$0.00 in ELOBIDA to date as Shown on record. 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12. K74912 DOCUMENT # STREET ADDRESS NAME PLAZA PROPERTIES GROUP, INC. STREET ADDRESS 2200 N. ATLANTIC BLVD. CITY-ST-ZIP CITY-SY-ZIP FT. LAUDERDALE, FL 33305 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP <u>200035801392</u> CITY-ST-ZIP 05/10/04--01039--010 \*\*141.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OCCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 4 STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 this report as required by Chapter 620, Florida Statutes 14. I hereby certify that the information supplied indicated on this report is truthe receiver or trustee empty ered to

OR PRINTED NAME OF SIGNING GENERAL PARTNER

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