

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED


**Feb 02, 2005 08:00 AM
Secretary of State**

JAN 25 2005

CK 2758



1ST MOORE CR2E003 (10/04)

| | | | | | |
|--|----------------------|--------------|--|---|--|
| DOCUMENT # A94000000593 | | | |  | |
| 1. Entity Name 1234 PARTNERS, LTD. | | | | | |
| Principal Place of Business 523 MICHIGAN AVE. MIAMI BEACH FL 33139 | | | Mailing Address 523 MICHIGAN AVE. MIAMI BEACH FL 33139 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt #, etc. | | | Suite, Apt #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0498655 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FRYD, JONATHAN 523 MICHIGAN AVE. MIAMI BEACH FL 33139 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| 9. Capital Contributions as Shown on record. | | \$891,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | |
| <p>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</p> <p>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</p> | | | | | |
| 12. GENERAL PARTNER INFORMATION | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # | P94000044722 | | STREET ADDRESS | | |
| NAME | 1234 GROUP, INC. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 523 MICHIGAN AVENUE | | | | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | | | | |
| DOCUMENT # | | | STREET ADDRESS | U00000208857 | |
| NAME | | | CITY-ST-ZIP | 02/02/05-80012-005 525-25 | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Jonathan Fryd 1/2/05 305 673 0946

STAPLE CHECK HERE