


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 JAN 26 AM 10:16

**DOCUMENT # A04000001264**

1. Entity Name  
 58TH STREET PARTNERS, LTD.



Principal Place of Business  
 3390 MARY STREET, SUITE 200  
 COCONUT GROVE, FL 33133

Mailing Address  
 3390 MARY STREET, SUITE 200  
 COCONUT GROVE, FL 33133

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01102005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**APPLIED FOR**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$875** Additional Fee Required

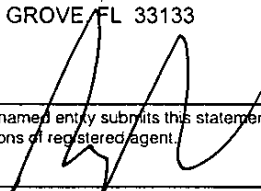
6. Name and Address of Current Registered Agent

**SWERDLOW, RICHARD**  
 3390 MARY STREET, SUITE 200  
 COCONUT GROVE, FL 33133

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  **Richard Swerdlow, Managing Member** **01/12/04**  
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 STREET ADDRESS CITY-ST-ZIP	L04000056773 58TH STREET PARTNERS GP, LLC 3390 MARY STREET, SUITE 200 COCONUT GROVE, FL 33133	STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>800045007248</b> <b>02/04/05--01009--002 **150.00</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS 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)(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:**  **Richard Swerdlow, Managing Member** **01/12/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE