


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # A98000001080 1. Entity Name 053, LTD.	
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Principal Place of Business 1350 EAST NEWPORT CENTER DRIVE, STE. 206 DEERFIELD BEACH, FL 33442	Mailing Address P.O. BOX 4219 DEERFIELD BEACH, FL 33442-4219
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-LP CR2E003 (12/06)

4. FEI Number 06-1514268	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAY, JAMES R ESQ.
 KAY LAW OFFICES
 700 VILLAGE SQUARE CROSSING, STE 102B
 PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

U00000826944
02/21/08-80069-014 508.75

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	P98000038492 053, INC. 1350 EAST NEWPORT CENTER DRIVE, STE. 206 DEERFIELD BEACH, FL 33442
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Smida Y. King* 07 Feb 2008 954-428-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE