

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

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000000346**

1. Entity Name  
39TH ST., LTD.



Principal Place of Business  
1632 PENNSYLVANIA AVENUE  
MIAMI BEACH, FL 33139

Mailing Address  
1632 PENNSYLVANIA AVENUE  
MIAMI BEACH, FL 33139



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

02122004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0986410

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINS, CRAIG  
1632 PENNSYLVANIA AVENUE  
MIAMI BEACH, FL 33139

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

DATE \_\_\_\_\_

9. Capital Contributions  
as Shown on record. **\$500,000.00**

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 # P00000020110  
NAME 39TH ST., INC.  
STREET ADDRESS 1632 PENNSYLVANIA AVENUE  
CITY-ST-ZIP MIAMI BEACH, FL 33139

STREET ADDRESS  
CITY-ST-ZIP

U000000104753  
04/07/04-80001-007 526.25

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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

39th St., Inc./General Partners

SIGNATURE: \_\_\_\_\_

Vice President

2/13/04

(305) 531-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE