

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

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

**DOCUMENT # A00000000347**

1. Entity Name  
**HALF-CIRCLE PROPERTY, LTD.**



Principal Place of Business  
**1632 PENNSYLVANIA AVE.  
MIAMI BEACH, FL 33139**

Mailing Address  
**1632 PENNSYLVANIA AVE.  
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  
**65-0986414**

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 AVE.  
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. **\$100,000.00**

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 # **P00000020024**  
NAME **HALF-CIRCLE PROPERTY, INC.**  
STREET ADDRESS **1632 PENNSYLVANIA AVE.**  
CITY - ST - ZIP **MIAMI BEACH, FL 33139**

STREET ADDRESS  
CITY - ST - ZIP

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**U000000104735**  
**04/06/04-B0024-014 526.25**

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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.

**Half-Circle Property, 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