


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000000567			
1. Entity Name 250 PARK AVENUE, LTD., LLLP			
Principal Place of Business 250 SOUTH PARK AVE, STE 630 WINTER PARK, FL 32789		Mailing Address P.O. BOX 3010 WINTER PARK, FL 32790-3010	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
		04272004	Chg-LP CR2E003 (10/03)
		4. FEI Number 75-2870474	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		7. Name and Address of New Registered Agent	
BATTAGLIA, W.P. 250 SOUTH PARK AVE, STE 630 WINTER PARK, FL 32789		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. \$829,637.77		10. Amount of Capital Contributions in FLORIDA to date. 829,637.77	
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	P03300079737 BFC PARK AVENUE GP, INC. 250 SOUTH PARK AVE, STE 630 WINTER PARK, FL 32789	STREET ADDRESS CITY- ST- ZIP	
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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			
SIGNATURE: Leigh Ann Everett		Assistant Secretary 4-27-04 214-740-4440	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE