


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

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000000666</b> 1. Entity Name <b>GABLES PARK TOWER, LTD.</b>		
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Principal Place of Business <b>550 BILTMORE WAY, STE. 740</b> <b>CORAL GABLES, FL 33134</b>	Mailing Address <b>550 BILTMORE WAY, STE. 740</b> <b>CORAL GABLES, FL 33134</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04162004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>65-1000715</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>MARTIN, PEDRO A ESQ</b> <b>GREENBERG TRAUIG PA</b> <b>1221 BRICKELL AVE</b> <b>MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$2,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date
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**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 #	<b>L00000004323</b>	STREET ADDRESS	
NAME	<b>GABLES PARK TOWER, LLC</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>550 BILTMORE WAY, STE. 740</b>		
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>		
DOCUMENT #		STREET ADDRESS	<b>U000000160003</b>
NAME		CITY-ST-ZIP	<b>05/13/04-00004-008-526.25</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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.

**SIGNATURE:** Mayren R. Castro Mayren R. Castro 4/30/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE