

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 MAY 18 PM 1:34

STATE OF FLORIDA
 TREASURY DEPARTMENT

MJH



DOCUMENT # A00000000704

1. Entity Name
 TREASURE COVE ASSOCIATES, LTD.



Principal Place of Business
 18851 NE 29TH AVE 7TH FLOOR
 AVENTURA, FL 33180

Mailing Address
 18851 NE 29TH AVE 7TH FLOOR
 AVENTURA, FL 33180

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03022003 Chg-LP CR2E003 (10/03)

4. FEI Number
 65-1011511

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROUSSO, MARK E ESQ.
 3440 HOLLYWOOD BLVD., STE. 360
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name
 GARY D POSNER

Street Address (P.O. Box Number is Not Acceptable)
 18851 NE 29th Ave.

City
 Aventura

FL Zip Code
 33180

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 Gary D Posner DATE 5/13/04

9. Capital Contributions as Shown on record. \$1,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	P00000042065	STREET ADDRESS	18851 NE 29th Ave 7th FL
NAME	TREASURE COVE ASSOCIATES, INC.	CITY-ST-ZIP	AVENTURA, FL 33180
STREET ADDRESS	3440 HOLLYWOOD BLVD., STE. 360	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	600037857266
DOCUMENT #		STREET ADDRESS	06/10/04 01090 012 **526.25
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Gary D Posner DATE 5/13/04 DAYTIME PHONE # 954-868-5647

STAPLE CHECK HERE