


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000000882					
1. Entity Name HALLANDALE PLACE, LTD.					
Principal Place of Business C/O ALLEN D. FULLER ESQ 201 ALHAMBRA CIR SUITE 602 CORAL GABLES, FL 33134			Mailing Address C/O ALLEN D. FULLER ESQ 201 ALHAMBRA CIR SUITE 602 CORAL GABLES, FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
			03122004 Chg-LP CR2E003 (10/03)		
			4. FEI Number 59-2062744		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	
FULLER, ALLEN D 201 ALHAMBRA CIR SUITE 602 CORAL GABLES, FL 33134				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. \$100.00			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 #	L00000006252			STREET ADDRESS	
NAME	HALLANDALE PLACE, LLC			CITY-ST-ZIP	
STREET ADDRESS	201 ALHAMBRA CIR SUITE 602				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
DOCUMENT #				STREET ADDRESS	U000000097418
NAME				CITY-ST-ZIP	03/26/04 80030 023 141.25
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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)(f), 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: <u>Allen D. Fuller</u>				3/12/04 305.445.7150	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	



STAPLE CHECK HERE