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

## FILED May 04, 2004 08:00 AM Secretary of State

DOCUMENT # A0000000970  1. Entity Name COCONUT GROVE STATION DEVELOPMENT, LTD.						Secretary of State			
Principal Place of Business 12000 BISCAYNE BLVD SUITE 803 MIAMI, EL 33181		1 S	Mailing Address 12000 BISCAYNE BLVD SUITE 803 MIAMI, FL 33181						
2. Principal Pi	ace of Business	3.	Mailing Address						
Suite, Apt. #. etc.			Surfe, Apt. #, efc			04162004	Chg-LP	CR2E00	03 (10/03)
City & State			City & State		4. FEI Number 65-1028			Applied For Not Applicable	
Zıp	Country		Zip	Coun	ntry		f Status Desired		8.75 Additional ee Required
	6. Name and Address of Curre	ent Regis	tered Agent		L	7. Name and A	Address of New I	Registered A	gent
0014434	77.71 = F00	-			Name	•			
COWAN, KEVIN D ESQ SHUTTS & BOWEN LLP 1500 MIAMI CENTER 201 S BISCAYNE BLVD					Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33131					Chi				Zin Code
					City		<u></u>	FL	
	named entity submits this statement ons of registered agent.	it for the p	surpose of changing its	registeri	ed office or register	ed agent, or both	, in the State of Fi	onda. Iam fa	miliar with, and accept
SIGNATURE -	Signature, typed or printed name of registered as	jert and the	tappicabis					DATE	
9. Capital Contributions as Shown on record. \$100.00 10. Amount of Capital Countributions in FLORIDA to date.									
	A GENERAL PARTNE	R THAT	IS A BUSINESS EN' IT be changed on th	TITY M	IUST BE REGIST	TERED AND AC	CTIVE WITH TH	IIS OFFICE	ner.
12.	GENERAL PARTI			13.			ADDRESS CH		
DOCUMENT#	F00000003615 BVT DEVELOPMENT CORPORATION II			STRI	EET ADDRESS				
NAME STREET ADDRESS	12000 BISCAYNE BLVD SUIT		¥ II	ŀ					
CITY-ST ZIP	MIAMI, FL 33181	_ 000		CITY	ST 24P				
DOCUMENT #	P99000030026			STRE	EET ADORESS				
NAME STREET ADDRESS	SOUTH DIXIE/27, INC. 12000 BISCAYNE BLVD SUIT	E 903		3,41	E) RDORGAS			೧೯೯೬ ೮೮೧	<del></del>
CITY ST-ZIP	MIAMI, FL 33181	E 003		City	-ST-ZIP		ns, 10/0	4 -20004	-014 141.25
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DOCUMENT # NAME				STRE	EET ADDRESS				
STREET ADDRESS CITY-ST ZIP				CITY	-ST-ZIP				
14. I hereby of indicated the receiv	erify that the information supplied on this report is the and accurate a er or trustee empowered to execute	with this fi	ling does not qualify for ay signature shall have t int as required by Chapt	the exe he same er 620,	emption stated in Se e legal effect as if n Florida Statutes	ection 119.07(3)(i) nade under cath, ow Presid	Florida Statutes. that I am a Gener		fy that the information the timited partnership o