

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED


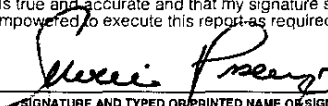
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



07022004 Chg-LP CR2E003 (10/03) 7/21

DOCUMENT # A00000001435					
1. Entity Name LAUDERDALE MARINE CENTER, LTD.					
Principal Place of Business 2001 SW 20TH STREET FORT LAUDERDALE, FL 33315			Mailing Address ATTN: SELVIN PASSEN, M.D. 2001 SW 20TH STREET FORT LAUDERDALE, FL 33315		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0738846	
				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	
MURRAY, DAVID G 1401 E. BROWARD BLVD. # 200 FORT LAUDERDALE, FL 33301				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.		\$10,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. 14531,060	
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 #	P97000010582			STREET ADDRESS	
NAME	LAUDERDALE MARINE CENTER			CITY-ST-ZIP	700039949477
STREET ADDRESS	2001 SW 20TH STREET				08/06/04--01040--021 **526.25
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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NAME				CITY-ST-ZIP	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Date _____ Daytime Phone # _____					

STAPLE CHECK HERE