2004 LIMITED PARTNERSHIP ANNUAS REPORT (AR) DUE BY MAY 1, 2004

_								
	DOCUMENT # A0100000284 1. Entity Name						FILED	
	CONGRESS SHOPPING CENTER, LTD.						2004 APR 21 PM 3: 39	
}	Principal Place		-	ling Address	0.445		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	∕970 NORTH CON GRESS AVE. WEST PALM BEACH FL 93409			-970 NORTH CONGRESS AVE: WEST PALM BEACH FL 33409				
-	2. Principal Place of Business 1000 NORTH CONGRESS AVE.			3. Mailing Address 1000 NOR TH CONGRESS AVE				
	Suite, Apt. #, etc. SUITE H			Suite, Apt. #, etc. SUITE H			MOORE CR2E003 (11/03)	
	WEST PALM BEACH, FL			ST PALM			4. FEI Number 65-1099212 Applied For Not Applicab	le
	3 340 9 Country			3409	Coun	ıry	5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent	_
ŀ	6. Name and Address of Current Registered Agent					Name ALO		\dashv
	BEL 970 WES	NORTH CONGR	Street A. 1000		P.O. Box Number is Not Acceptable) TH CONGRESS AVE, SUITEG	- -		
	SUITEG					cityWES7	PALM BEACH FL Zip Coode 9	\dashv
	The above named entity submits this glatement for the purpose of changing its registered agent.				register	ed office or register	A A	»t
	SIGNATURE Signature, typper or printed marrie of registered agent and title it applicable.						APRIL 19 2004	
	9. Capital Contributions as Shown on record. \$9,900.00 in FLORIDA to date.				ate.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	E
	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.							
I	12. GENERAL PARTNER INFORMATION				13.		ADDRESS CHANGES ONLY	コ
	DOCUMENT # NAME	AE 1000 CONGRESS, L.L.C.			STR	EET ADDRESS		
	STREET ADDRESS CITY-ST-ZIP	970 NORTH CONGRESS AV WEST PALM BEACH FL 334			CITY	'-ST-ZIP		
	DOCUMENT #				STR	EET ADDRESS	900035828989	_
	STREET ADDRESS (CITY-ST-ZIP				CITY	'-ST-ZIP	05/10/0401096014 **157.75	_
STAPLE CHECK HERE	NAME				STR	EET ADDRESS		_
	STREET ADDRESS CITY-ST-ZIP	·			CITY	/-ST-ZIP		
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	CITY-ST-ZIP DOCUMENT #				CITY	/-ST-ZIP		_
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	CITY-ST*ZIP				╁	Y-ST-ZIP		_
	NAME STREET ADDRESS					Y-ST-ZIP		\dashv
	14. I hereby	certify that the information tuppl	ied with this fill	ing does not qualify fo			ection 119.07(3)(i), Florida Statutes. I further certify that the information	
	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 adjurate and/that my signature shall have the same legal effect as if made under eath; that I am a General Partner of the limited partnership of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes APRIL 19 200 4							, 01
SIGNATURE: ALDO BELTRANO, MGRM OF G.P., 1000 CONGRESS LIC (561) 7								-