

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 23 PM 3: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01192004 Chg-LP CR2E003 (10/03)

DOCUMENT # A01000000360	
1. Entity Name 211 ALEXANDER PALM DEVELOPMENT PARTNERS I, LTD.	

Principal Place of Business 464 ADDISON PARK LANE BOCA RATON, FL 33432	Mailing Address 464 ADDISON PARK LANE BOCA RATON, FL 33432
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2. Principal Place of Business Suite, Apt. #, etc. 1181 S. ROGERS CIRCLE SUITE 31	3. Mailing Address Suite, Apt. #, etc. 1181 S. ROGERS CIRCLE SUITE 31
City & State BOCA RATON, FL 33487	City & State BOCA RATON, FL 33487
Zip Country	Zip Country

6. Name and Address of Current Registered Agent 211 ALEXANDER PALM DEVELOPMENT PARTNERS I, 464 ADDISON PARK LANE BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name 1181 S. ROGERS CIRCLE SUITE 31 Street Address (P.O. Box Number is not acceptable) BOCA RATON, FL 33487 City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

~~400855737864~~
05/07/04 01097 010 **526.25
DATE

9. Capital Contributions as Shown on record. **\$1,800,000.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	P01000025958 211 ALEXANDER PALM DEVELOPMENT PARTNERS I 464 ADDISON PARK LANE BOCA RATON, FL 33432	STREET ADDRESS CITY-ST-ZIP	1181 S. ROGERS CIRCLE SUITE 31 BOCA RATON, FL 33487
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	300035821593 05/10/04--01075--010 **526.25
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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

4.15.04 **5619881x67**
Date Daytime Phone #

STAPLE CHECK HERE