

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR -8 PM 4:02

DOCUMENT # A02000000093	
1. Entity Name PARKSIDE ESTATES ASSOCIATES, LTD.	

Principal Place of Business 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021	Mailing Address 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021
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2. Principal Place of Business 18851 NE 29th Ave Suite, Apt. #, etc. 900	3. Mailing Address 18851 NE 29th Ave Suite, Apt. #, etc. 900
City & State Aventura - FL	City & State Aventura - FL
Zip 33180	Country USA



01282004 Chg-LP CR2E003 (10/03)

4. FEI Number 80-0033724	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROUSSO, MARK E ESQ. 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021	

7. Name and Address of New Registered Agent Name: Roussso, Mark E. Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th Ave # 900 City: Aventura FL 33180	
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: Mark Roussso	DATE: 03/04/04

9. Capital Contributions as Shown on record. \$3,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P02000003657	STREET ADDRESS	18851 NE 29th Ave #900
NAME	PARKSIDE ESTATES ASSOCIATES, INC.	CITY-ST-ZIP	Aventura FL 33180.
STREET ADDRESS	3440 HOLLYWOOD BLVD., SUITE 360		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		
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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)(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: Mark Roussso	DATE: 03/04/04	DAYTIME PHONE: 786.279.0000
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STAPLE CHECK HERE