


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 13 PM 1:04

DOCUMENT # A02000000183 1. Entity Name 1002 EAST NEWPORT PARTNERSHIP, LTD.	
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Principal Place of Business 1002 EAST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442	Mailing Address 1002 EAST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04122004 Chg-LP CR2E003 (10/03)

4. FEI Number APPLIED FOR 01-0613178	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BLOCH, STUART E ESQ. 980M NORTH FEDERAL HIGHWAY SUITE 412 BOCA RATON, FL 33432	

7. Name and Address of New Registered Agent	
Name ED EILMAN	
Street Address (P.O. Box Number is Not Acceptable) 1002 E. NEWPORT CENTER DRIVE	
Suite 100	
City Deerfield Beach	FL Zip Code 33442

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 ED EILMAN DATE 4-12-04
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$100.00	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 #	1002 EAST NEWPORT CENTER, LLC	STREET ADDRESS	
NAME	1002 EAST NEWPORT CENTER DRIVE	CITY- ST- ZIP	
STREET ADDRESS	DEERFIELD BEACH, FL 33442		
CITY- ST- ZIP			800034487038
DOCUMENT #		STREET ADDRESS	04/28/04--01071--016 **141.25
NAME		CITY- ST- ZIP	
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NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			

STAPLE CHECK HERE

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: ED EILMAN MGR Date 4/12/04 Daytime Phone # 954-978-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER