


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 10, 2004 08:00 AM
Secretary of State

| | | | |
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| DOCUMENT # A02000000399 | |  | |
| 1. Entity Name PAULINE AND WALLY, LTD. | | | |
| Principal Place of Business 800 WEST 42ND STREET, APT. 2-A MIAMI BEACH, FL 33140 | | Mailing Address 800 WEST 42ND STREET, APT. 2-A MIAMI BEACH, FL 33140 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| WIENER, MARVIN I 2121 PONCE DE LEON BLVD., SUITE 900 CORAL GABLES, FL 33134 | | 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 file if applicable.</small> | | | |
| 9. Capital Contributions as Shown on record. \$1,001,000.00 | | 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 | P02000023489 STEADMAN MANAGEMENT CORP. 800 WEST 42ND STREET, APT. 2-A MIAMI BEACH, FL 33140 | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | 000000082871 03/10/04-80015-004 \$26.25 |
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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: <i>Pauline Steadman</i> General Partner 2/24/04 305 674 8016 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER PAULINE STEADMAN | | | |

STAPLE CHECK HERE