


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A02000000539 1. Entity Name 1204 PENINSULA PARTNERS, LTD.	
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 48 EAST FLAGLER STREET PH-104 MIAMI, FL 33131	Mailing Address 48 EAST FLAGLER STREET PH-104 MIAMI, FL 33131
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04232004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent MOSKOVITZ, DANIEL ESQ. 48 EAST FLAGLER STREET PH-104 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____	DATE _____
Signature, typed or printed name of registered agent and title if applicable.	

9. Capital Contributions as Shown on record. \$150,000.00	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												
<table border="1" style="width:100%"> <tr> <td style="width:10%">DOCUMENT #</td> <td style="width:90%">1204 MANAGEMENT, L.L.C.</td> </tr> <tr> <td>NAME</td> <td>1250 EAST HALLANDALE BEACH BLVD. STE. 1008</td> </tr> <tr> <td>STREET ADDRESS</td> <td>HALLANDALE, FL 33009</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	DOCUMENT #	1204 MANAGEMENT, L.L.C.	NAME	1250 EAST HALLANDALE BEACH BLVD. STE. 1008	STREET ADDRESS	HALLANDALE, FL 33009	CITY-ST-ZIP		<table border="1" style="width:100%"> <tr> <td style="width:10%">STREET ADDRESS</td> <td style="width:90%">500036072695</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>05/11/04--01091--004 **526.25</td> </tr> </table>	STREET ADDRESS	500036072695	CITY-ST-ZIP	05/11/04--01091--004 **526.25
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11. 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>Lorraine Tinsky</i> Lorraine Tinsky, Mgr.	Date <i>4/28/04</i>	Daytime Phone # <i>954 455-3005</i>

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