


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 21 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000000668		
1. Entity Name PRESERVE PARTNERS, LTD.		

Principal Place of Business 18755 BISCAYNE BLVD. AVENTURA, FL 33180	Mailing Address 18755 BISCAYNE BLVD. AVENTURA, FL 33180
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		321 East Hillsboro Blvd.	
City & State		City & State Deerfield Beach, Florida	
Zip	Country	Zip	Country
		33441	USA



03092004 Chg-LP CR2E003 (10/03)

4. FEI Number APPLIED FOR 90-0134444		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
CORPDIRECT AGENTS 103 N. MERIDIAN ST., LOWER LEVEL TALLAHASSEE, FL 32301		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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$30,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$0.00
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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 #	L02000010893	STREET ADDRESS	
NAME	PRESERVE PARTNERS, LLC	CITY-ST-ZIP	
STREET ADDRESS	18755 BISCAYNE BLVD.		
CITY-ST-ZIP	AVENTURA, FL 33180		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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.

PRESERVE PARTNERS, LTD.
BY: PRESERVE PARTNERS, LTD., its general partner

SIGNATURE: By: Michael Szwedow, Managing Member April 15, 2004 (954) 949-3480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE