2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 26, 2004 08:00 AM Secretary of State

ue by may 1, 2004					Constant of Ctoto
DOCUMENT # A0200000836 1. Entity Name H WESTON REALTY, LTD.					Secretary of State
Principal Place of Business Mailing Address			FT-12		
450 EAST LAS OLAS BLVD.		450 EAST LAS OLAS BLVD.			
SUITE 1500		SUITE 1500			
FT. LAUDERDALE, FL 33301		FT. LAUDERDALE, FL 33301			
2. Principal Place of Business		3. Mailing Address		_ ·	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04202004 Chg-LP CR2E003 (10/03)
City & State		City & State			4. FEI Number Applied For 06-1667914 Not Applicable
Zip	Country	Zip Country		try	5. Certificate of Status Desired S8.75 Additional
	6. Name and Address of Curre	at Registered Agent		· · · · · · · · · · · · · · · · · · ·	7. Name and Address of New Registered Agent
				Name	to traine and Memory of their tredition of Maur
AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVE. SUITE 2800				Street Address (P.O. Box Number is Not Acceptable)
MIAMI, FL					
				City	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 Signature, typod or printed name of registered agent and title 8 applicable. DATE					
9 Capital Contributions 10 Amount of Capital Contributions					
as Shown	on record. \$0.00	in FLORIDA to	date.	2,511	, 428
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.		ER INFORMATION	13.	r, an americanic	ADDRESS CHANGES ONLY
DOCUMENT#			STRE	ET AODRESS	
NAME	HUIZENGA HOLDINGS, INC.		"		
STREET ADDRESS CATY-ST-119	450 EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301		cmy	- 51 - ZBP	
DOCUMENT # NAME			STR	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			СПҮ	-ST-ZIP	U00000146191 05/03/04-80052-020 526,25
DOCUMENT # NAME			STRE	ET ADDRESS	Sales Marie of Sales
STREET ADDRESS CITY-ST-ZIP			CETY	-ST-28P	
\$ THEMUSOR			STR	EET ADDRESS	
NAME STREET ADDRESS				-S7-ZiP	
DOCUMENT #			ero	EET ADORESS	
NAME STREET ADDRESS					
DOCUMENT #			-	'-\$1-7IP	
NAME. STREET ADDRESS				TET ADDRESS	
CITY-ST-ZIP			i	'-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 engacourate 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 AND TYPED OR PRINTED NAME OF SKINING GENERAL PARTNER