


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Mar 04, 2004 08:00 AM
Secretary of State

| | | | |
|---|---|---|--|
| DOCUMENT # A02000000881 | |  | |
| 1. Entity Name TRG BRICKELL-HISTORIC, LTD. | | | |
| Principal Place of Business 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145 | | Mailing Address 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 03-0472774 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent HERNANDEZ, ANGEL 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145 | | 7. Name and Address of New Registered Agent | |
| | | 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 title, if applicable.</small> | | | |
| 9. Capital Contributions as Shown on record. \$1,000,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | |
| 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION | | | |
| 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 | P02000070997 TRG BRICKELL-HISTORIC, INC. 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145 | STREET ADDRESS | |
| | | CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS | 1000000092771 03/15/04-80019-025 535.00 |
| | | CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS | |
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| | | 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 | | | |
| SIGNATURE:  | | ANGEL HERNANDEZ VICE-PRESIDENT 29-04 305 4609900 | |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE