

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A02000001097

1. Entity Name
COBBLESTONE PALM CITY ASSOCIATES, LTD.



FILED
 SECRETARY OF STATE
 OFFICE OF CORPORATIONS

04 MAR -8 PM 4:02

Principal Place of Business
**3440 HOLLYWOOD BLVD.
 STE 360
 HOLLYWOOD, FL 33021**

Mailing Address
**3440 HOLLYWOOD BLVD.
 STE 360
 HOLLYWOOD, FL 33021**



2. Principal Place of Business
**18851 NE 29th Ave
 Suite, Apt. #, etc. 900**

3. Mailing Address
**18851 NE 29th Ave
 Suite, Apt. #, etc. 900**

01262004 Chg-LP CR2E003 (10/03)

City & State
Aventura

City & State
Aventura

4. FEI Number
05-0528841

Applied For
 Not Applicable

Zip Country
33180 USA

Zip Country
33180 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROUSSO, MARK E ESQ.
 3440 HOLLYWOOD BLVD.
 STE 360
 HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name **Roussso, Mark E. Esq**
 Street Address (P.O. Box Number is Not Acceptable)
18851 NE 29th # 900
 City **Aventura** FL **33180**

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, typed or printed name of registered agent and title if applicable.

Mark E Roussso

03/04/04

DATE

9. Capital Contributions as Shown on record. **\$1,000,000.00**

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

DOCUMENT #
 NAME **COBBLESTONE PALM CITY ASSOCIATES, INC.**
 STREET ADDRESS **3440 HOLLYWOOD BLVD.**
 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **18851 NE 29 Ave #900**
 CITY-ST-ZIP **Aventura FL 33180**

STREET ADDRESS
 CITY-ST-ZIP **500031187965
 03/25/04--01032--012 **526.25**

STREET ADDRESS
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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Mark E. Roussso

Date

03/04/04

Daytime Phone #

STAPLE CHECK HERE