

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A02000001569

1. Entity Name
SWERDLOW BOCA NORTH MIAMI PARTNERS, LTD.



Principal Place of Business
18755 BISCAYNE BLVD.
AVENTURA, FL 33180

Mailing Address
18755 BISCAYNE BLVD.
AVENTURA, FL 33180

2. Principal Place of Business

3. Mailing Address
321 East Hillsboro Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Deerfield Beach, Florida

Zip

Country

Zip
33441

Country
USA

03092004

Chg-LP

CR2E003 (10/03)

4. FEI Number

APPLIED FOR 41-2130658

Applied For

Not Applicable

5. Certificate of Status Desired

XXX

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOTZER, THEODORE R
C/O SWERDLOW BOCA DEVELOPERS GROUP, LLC
321 EAST HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

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

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

DATE

9. Capital Contributions
 as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

-0-

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 # **P02000125384**
 NAME **SWERDLOW NORTH MIAMI PARTNERS GP, INC.**
 STREET ADDRESS **18755 BISCAYNE BLVD.**
 CITY-ST-ZIP **AVENTURA, FL 33180**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SWERDLOW BOCA NORTH MIAMI PARTNERS, LTD.
 BY: **SWERDLOW NORTH MIAMI PARTNERS GP, INC., its general partner**

SIGNATURE: By:

April 15, 2004

(954) 949-3480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Theodore R. Stotzer, Executive Vice President

Date

Daytime Phone #

FILED

2004 APR 21 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE