


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 8, 2004**

DOCUMENT # A02000001712 1. Entity Name NEWMARK, LTD.	
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Principal Place of Business 1701 N.W. 5TH STREET DEERFIELD BEACH FL 33442	Mailing Address 1701 N.W. 5TH STREET DEERFIELD BEACH FL 33442
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2. Principal Place of Business SAME	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E003 (4/04)

4. FEI Number # APPLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NEWMARK, DAVID M 1701 N.W. 5TH STREET DEERFIELD BEACH FL 33442	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. **\$10,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date **\$1,000.00**

11. FILE NOW!!! - Due by September 8, 2004!
See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. ☒

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
NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME
NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME
NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME
NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME
NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500039948405
CITY-ST-ZIP	08/06/04--01035--010 **141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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

SIGNATURE:

David M. Newmark

DAVID M. NEWMARK

7-26-04 954/421-3322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE