


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 FEB 26 AM 8:34

DOCUMENT # A03000000774	
1. Entity Name WOODBRIDGE REALTY CONSULTING, LTD.	

Principal Place of Business 1101 BRICKELL AVENUE, STE. 1400 MIAMI, FL 33131	Mailing Address 1101 BRICKELL AVENUE, STE. 1400 MIAMI, FL 33131
---	---

2. Principal Place of Business 1401 Brickell Avenue Suite, Apt. #, etc. Suite 825 City & State Miami, Florida Zip 33131 Country USA	3. Mailing Address 1401 Brickell Avenue Suite, Apt. #, etc. Suite 825 City & State Miami, Florida Zip 33131 Country USA
--	--



02062004 Chg-LP CR2E003 (10/03)

4. FEI Number 30-0195685	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HART, BRIAN A RAFFERTY, HART, STOLZENBERG, ET AL 1401 BRICKELL AVE, SUITE 825 MIAMI, FL 33131-0000	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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$7,500.00	10. Amount of Capital Contributions in FLORIDA to date. \$7,500.00	2/9/04
---	--	--------

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	L03000017598 TRENTON PARTNERS, LLC 1101 BRICKELL AVENUE, STE. 1400 MIAMI, FL 33131	STREET ADDRESS CITY-ST-ZIP	1401 Brickell Avenue, Suite 825 Miami, Florida 33131
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	300030139243 03/10/04-01022-002 **52.50
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	300030139243 03/10/04-01022-003 **8875.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	300030139243 03/10/04-01022-003 **88.75
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

SIGNATURE: By: George Weinberg 2/9/04 305-373-0330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE