


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

DOCUMENT # A03000000969 1. Entity Name THE MALAMUT INVESTMENTS LIMITED PARTNERSHIP	
--	---

Principal Place of Business 427 N.W. 112TH AVENUE CORAL SPRINGS FL 33071	Mailing Address 427 N.W. 112TH AVENUE CORAL SPRINGS FL 33071
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
2004 FEB 23 PM 12:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

4. FEI Number 55-0839863	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 WACHS, JEFFREY S 1177 S.E. THIRD AVENUE FORT LAUDERDALE FL 33316	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 03/09/04--01017--003 **141.25 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. \$5,000.00	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	
NAME	STREET ADDRESS	CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME	STREET ADDRESS	CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME	STREET ADDRESS	CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME	STREET ADDRESS	CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME	STREET ADDRESS	CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP		
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: Ronna B Malamut Ronna B Malamut 2/18/04 954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE