

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAY -6 PM 12:58

05/18/04

DOCUMENT # A03000001380

1. Entity Name
 2425, LTD.



Principal Place of Business
 C/O GOLDMAN PROPERTIES
 804 OCEAN DRIVE, 2ND FLOOR
 MIAMI BEACH, FL 33139

Mailing Address
 C/O GOLDMAN PROPERTIES
 804 OCEAN DRIVE, 2ND FLOOR
 MIAMI BEACH, FL 33139



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt # etc

02162004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINSON, EDWARD E ESQ.
 407 LINCOLN ROAD, PH-SE
 MIAMI BEACH, FL 33139

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.

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 # P03000104302
 NAME 2425, INC.
 STREET ADDRESS 804 OCEAN DRIVE, 2ND FLOOR
 CITY- ST- ZIP MIAMI BEACH, FL 33139

STREET ADDRESS
 CITY- ST- ZIP

1000000156883
 05/06/04-80007-010 141.25

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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

4-27-04 305-531-4411

Date Daytime Phone #

STAPLE CHECK HERE