

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 26 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04192004 Chg-LP CR2E003 (10/03)

4. FEI Number **59-1817533** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENTS, INC.
20801 BISCAYNE BLVD.
SUITE 505
NORTH MIAMI BEACH, FL 33180

7. Name and Address of New Registered Agent

Name
Dade County Corporate Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable)
18901 NE 29th Avenue
Suite 100
City **Aventura** FL Zip Code **33180**

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. **\$442,492.45**

10. Amount of Capital Contributions in FLORIDA to date.

600036279366
05/14/04--01003--010 **526.25

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 **FROMBERG, LYNN W.**
STREET ADDRESS **20801 BISCAYNE BLVD., #505**
CITY-ST-ZIP **N. MIAMI BEACH, FL 33180**

STREET ADDRESS **18901 NE 29th Avenue, Suite 100**
CITY-ST-ZIP **Aventura, Florida 33180**

DOCUMENT #
NAME **FROMBERG, MALCOLM H.**
STREET ADDRESS **20801 BISCAYNE BLVD., #505**
CITY-ST-ZIP **N. MIAMI BEACH, FL 33180**

STREET ADDRESS **18901 NE 29th Avenue, Suite 100**
CITY-ST-ZIP **Aventura, Florida 33180**

DOCUMENT #
NAME **GROSS, LESLIE JAY**
STREET ADDRESS **10471 S.W. 126TH ST.**
CITY-ST-ZIP **MIAMI, FL 33176**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **COHEN, JEFFREY M.**
STREET ADDRESS **2601 S. BAYSHORE DR. PENTHOUSE 1B**
CITY-ST-ZIP **MIAMI, FL 33133**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **SHORE, H. ALLAN**
STREET ADDRESS **1 GROVE ISLE DR., #1106**
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE