


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 22, 2004 08:00 AM
Secretary of State


DOCUMENT # A07724
 1. Entity Name
BYRON FLAGLER, LTD.



Principal Place of Business Mailing Address
% BORIS ROSEN **% BORIS ROSEN**
150 SE 2ND AVENUE, SUITE #1200 **150 SE 2ND AVENUE, SUITE #1200**
MIAMI, FL 33131 **MIAMI, FL 33131**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State
 Zip Country Zip Country



01072004 Chg-LP CR2E003 (10/03)
 4. FEI Number Applied For
59-1931343 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MARBIN, EVAN R
48 E FLAGLER STREET
PH-104
MIAMI, FL 33131

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. \$397,048.68 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 #		STREET ADDRESS	
NAME	KOZOLCHYK, BENNY	CITY- ST- ZIP	
STREET ADDRESS	2076 NE 121ST ROAD		1100000102163
CITY- ST- ZIP	MIAMI BEACH, FL		04/05/04-80005-001 526.25
DOCUMENT #		STREET ADDRESS	
NAME	ROK, NATAN	CITY- ST- ZIP	
STREET ADDRESS	20 SE 1 AVE		
CITY- ST- ZIP	MIAMI, FL		
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NAME		CITY- ST- ZIP	
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NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this form 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: _____ DATE: **3/17/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #