

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # A09100</b>	
1. Entity Name PICCADILLY SQUARE, LTD.	



FILED

04 JAN 21 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01062004 Chg-LP CR2E003 (10/03)

Principal Place of Business P.O. BOX 562647 MIAMI, FL 33256-2647	Mailing Address P.O. BOX 562647 MIAMI, FL 33256-2647
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2066575	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEVINE, STEVEN G. 2824 VALENCIA WAY FORT MYERS, FL 33901		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. \$1,600,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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	SILBERMAN, CECILY	CITY-ST-ZIP	
STREET ADDRESS	6915 RED ROAD, #202		100027364771
CITY-ST-ZIP	CORAL GABLES, FL		01/21/04--01087--006 **526.25
DOCUMENT #	NAME	STREET ADDRESS	
NAME	LEVINE, STEVEN G.	CITY-ST-ZIP	
STREET ADDRESS	2824 VALENCIA WAY		
CITY-ST-ZIP	FORT MYERS, FL 33901		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		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: _____	1/16/04	(305) 251-6085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

STAPLE CHECK HERE