


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

**FILED**

04 APR 30 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| <b>DOCUMENT # A10029</b>                |  |
| 1. Entity Name<br>FORTY-ONE-SIXTY, LTD. |   |

|   |   |
|---|---|
| Principal Place of Business<br>3225 AVIATION AVE., 7TH FL.<br>COCONUT GROVE, FL 33133 | Mailing Address<br>3225 AVIATION AVE., 7TH FL.<br>COCONUT GROVE, FL 33133 |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business<br>3109 GRAND AVE<br>Suite, Apt. #, etc.<br># 337 | 3. Mailing Address<br>3109 GRAND AVE<br>Suite, Apt. #, etc.<br># 337 |
|--|--|

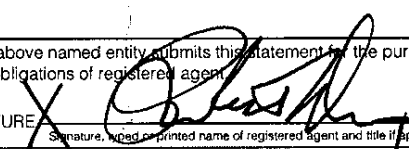
|                                   |                                   |
|-----------------------------------|-----------------------------------|
| City & State<br>Coconut Grove, FL | City & State<br>Coconut Grove, FL |
| Zip<br>33133                      | Zip<br>33133                      |
| Country                           | Country                           |



04262004 Chg-LP CR2E003 (10/03)

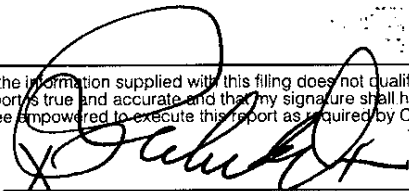
|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-2168087                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>GARG, IRWIN S<br>3225 AVIATION AVE., 7TH FL.<br>COCONUT GROVE, FL 33133 | 7. Name and Address of New Registered Agent<br>Name ROBERT DIXON<br>Street Address (P.O. Box Number, is Not Acceptable)<br>2901 S Bayshore Dr<br># 17D<br>City Coconut Grove FL Zip Code 33133 |
|--|--|

|   |   |
|---|---|
| 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  |
| 9. Capital Contributions as Shown on record. \$19,987.50  | 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           | 2901 S Bayshore Dr # 17D    |
| NAME                            | DIXON, ROBERT               | CITY-ST-ZIP              | Coconut Grove, FL 33133     |
| STREET ADDRESS                  | 3225 AVIATION AVE., 7TH FL. |                          |                             |
| CITY-ST-ZIP                     | COCONUT GROVE, FL 33133     |                          |                             |
| DOCUMENT #                      |                             | STREET ADDRESS           |                             |
| NAME                            | GLASSMAN, JEROME            | CITY-ST-ZIP              |                             |
| STREET ADDRESS                  | 2400 SW 21 CIR              |                          |                             |
| CITY-ST-ZIP                     | OCALA, FL 34474             |                          |                             |
| DOCUMENT #                      |                             | STREET ADDRESS           | 000036472030                |
| NAME                            |                             | CITY-ST-ZIP              | 05/14/04-01048-014 **228.67 |
| STREET ADDRESS                  |                             |                          |                             |
| CITY-ST-ZIP                     |                             |                          |                             |
| DOCUMENT #                      |                             | STREET ADDRESS           |                             |
| NAME                            |                             | CITY-ST-ZIP              |                             |
| STREET ADDRESS                  |                             |                          |                             |
| CITY-ST-ZIP                     |                             |                          |                             |
| DOCUMENT #                      |                             | STREET ADDRESS           |                             |
| 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:   | Partner 4/26/04 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  |                 |
| Date  | Daytime Phone # |

STAPLE CHECK HERE