

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 30 PM 12:25

DOCUMENT # A10029

1. Entity Name
FORTY-ONE-SIXTY, LTD.



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3225 AVIATION AVE., 7TH FL.
COCONUT GROVE, FL 33133**

Mailing Address

**3225 AVIATION AVE., 7TH FL.
COCONUT GROVE, FL 33133**

2. Principal Place of Business
3109 GRAND AVE
Suite, Apt. #, etc.
337

3. Mailing Address
3109 GRAND AVE
Suite, Apt. #, etc.
337

City & State
COCONUT GROVE, FL

City & State
COCONUT GROVE, FL

Zip

33133

Country

Zip

33133

Country

6. Name and Address of Current Registered Agent

**GARS, IRWIN S.
3225 AVIATION AVE., 7TH FL.
COCONUT GROVE, FL 33133**

7. Name and Address of New Registered Agent
Name **ROBERT DIXON**
Street Address (P.O. Box Number is Not Acceptable)
2901 S Bayshore Dr
17D
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

Robert Dixon

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 #
NAME **DIXON, ROBERT**
STREET ADDRESS **3225 AVIATION AVE., 7TH FL.**
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

STREET ADDRESS **2901 S Bayshore Dr # 17D**
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

DOCUMENT #
NAME **GLASSMAN, JEROME**
STREET ADDRESS **2400 SW 21 CIR**
CITY-ST-ZIP **OCALA, FL 34474**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **0000036472030**
CITY-ST-ZIP **05/14/04-01048-014-**228.67**

DOCUMENT #
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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:

Robert Dixon Partner 4/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE