


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

<b>DOCUMENT # A10055</b>			
1. Entity Name <b>HAMBURG PROPERTIES, LTD.</b>			
Principal Place of Business ATTN: HELGA BENDIXEN 625 BILTMORE WAY, APT. 703 CORAL GABLES FL 33134		Mailing Address ATTN: HELGA BENDIXEN 625 BILTMORE WAY, APT. 703 CORAL GABLES FL 33134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 APR -5 AM 10:42



MOORE CR2E003 (11/03)

4. FEI Number <b>59-2069532</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>BENDIXEN, HELGA M. 625 BILTMORE WAY, APT. 1206 CORAL GABLES FL 33134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>\$3,750.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
--	---	--

**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 #	BENDIXEN, HELGA M.	STREET ADDRESS	<b>11427 SW 86 Ln</b>
NAME	625 BILTMORE WAY #1205	CITY-ST-ZIP	<b>Miami, FL 33173</b>
STREET ADDRESS	CORAL GABLES FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	<b>200032958372</b> <b>114/15/04--11143--113 **141.25</b>
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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:** *Helga M. Bendixen* **April, 1, 2004** **305-444-5008**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #