


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A18768 1. Entity Name WEISSER AND SHUPACK ASSOCIATES, LTD.	
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Principal Place of Business 801 N.E. 167TH STREET, 2ND FLOOR NORTH MIAMI BEACH, FL 33162	Mailing Address 801 N.E. 167TH STREET, 2ND FLOOR NORTH MIAMI BEACH, FL 33162
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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

FILED

04 JAN 22 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-1987214	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEISSER, MICHAEL H. 801 N.E. 167TH STREET, 2ND FLOOR NORTH MIAMI BEACH, FL 33162	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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. \$342.85	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 #	P03000025843	STREET ADDRESS	
NAME	THE WEISSER REALTY GROUP, INC.	CITY-ST-ZIP	
STREET ADDRESS	801 N.E. 167TH STREET, 2ND FLOOR		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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:  **1-13-04** **305-690-9110**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE