


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

**FILED  
Mar 10, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # A23182**  
1. Entity Name  
17070 COLLINS AVENUE SHOPPING CENTER, LTD.



Principal Place of Business  
17100 COLLINS AVE STE 225  
SUNNY ISLES BEACH, FL 33160

Mailing Address  
17100 COLLINS AVE STE 225  
SUNNY ISLES BEACH, FL 33160

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country



01082004 Chg-LP CR2E003 (10/03)

**6. Name and Address of Current Registered Agent**  
KATZ, RAANAN  
17100 COLLINS AVE SUITE 225  
SUITE 225  
SUNNY ISLES BEACH, FL 33160

**7. Name and Address of New Registered Agent**  
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. **\$1,170,000.00**

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**

DOCUMENT #	M37803
NAME	17070 COLLINS AVENUE SHOPPING CENTER, INC.
STREET ADDRESS	17100 COLLINS AVE #225
CITY - ST - ZIP	SUNNY ISLES BCH, FL ✓
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	U00000082804 03/10/04-80012-003 526.25
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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:** Raanan Katz 2/20/04 781-320-0001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #