


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

DOCUMENT # A23433			
1. Entity Name 1271 BLOCK, A LIMITED PARTNERSHIP			
Principal Place of Business C/O HAROLD SORENS 14425 STRATHMORE LANE STE. #802 DELRAY BEACH FL 33446		Mailing Address C/O HAROLD SORENS 14425 STRATHMORE LANE STE. #802 DELRAY BEACH FL 33446	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 12 AM 10:38



MOORE CR2E003 (11/03)

4. FEI Number 22-2338972		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 SORENS, HAROLD 14425 STRATHMORE LANE SUITE 802 DELRAY BEACH FL 33446		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 _____	

9. Capital Contributions as Shown on record. \$61,297.46	10. Amount of Capital Contributions in FLORIDA to date. 61,297.46	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	SORENS, HAROLD	STREET ADDRESS	
NAME	14425 STRATHMORE LN, #802	CITY-ST-ZIP	
STREET ADDRESS	DELRAY BEACH FL		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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04/30/04 01027 010 **517.83

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: Harold Sorens **HAROLD SORENS** 4/10/04 561-495-9004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #