

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A23433

1. Entity Name

1271 BLOCK, A LIMITED PARTNERSHIP



FILED

05 APR 19 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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 _____
Signature, typed or printed name of registered agent and title if applicable DATE _____

11. **FILE NOW!!! Due by May 1, 2005.**
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. **\$61,297.46**

10. Amount of Capital Contributions in FLORIDA to date. **61,297.46**

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 #	SORENS, HAROLD
NAME	14425 STRATHMORE LN, #802
STREET ADDRESS	DELRAY BEACH FL
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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05/11/05--01005--020 **517.83

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** **4/15/05** **561-495-9004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE