

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

526 25 **FILED**
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A23513	
1. Entity Name COMMODORE RENTALS, LTD.	



Principal Place of Business 3120 KIRK ST. MIAMI, FL 33133	Mailing Address 100 N. BISCAYNE BLVD., #3000 MIAMI, FL 33132
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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

04292004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2740508	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HEYDASCH, AXEL ONE SE 3RD AVE STE. 1860 MIAMI, FL 33131	

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. \$467,415.00	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 #	M40525	STREET ADDRESS	
NAME	COMMODORE INTERNATIONAL REALTY INC.	CITY - ST - ZIP	
STREET ADDRESS	3120 KIRK ST.		
CITY - ST - ZIP	MIAMI, FL 33133		
DOCUMENT #		STREET ADDRESS	U000000139240
NAME		CITY - ST - ZIP	05/10/04 00021 022 526.25
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NAME		CITY - ST - ZIP	
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: *[Signature]* **General Partner** 4/30/04 305-398-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE