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

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SIGNATURE:

| | DUE BY M | ्रम ा | | · ? . | | | | |
|--|--|--------------------------|-----------------|---|---|-------------------------------------|----------------------------|----------------|
| DOCUMENT # A24448 1. Entity Name PALM BEACH COMMERCE CENTER ASSOCIATES, LTD. | | | | | SE arvis | FILED CRETARY OF HOLL OF COSP | STATE ORATIONS | |
| | | | | | 04 MAR 22 PH 2: 37 | | | |
| Principal Place of Business Mailing Address | | | | | | | • | |
| 6827 VISTA PARKWAY NORTH 6827 VISTA PARKWAY WEST PALM BEACH FL 33411 WEST PALM BEACH FL | | | | | | | | |
| • | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | e, Apt. #, etc. | | MOORE CR2E003 (11/03) | | | |
| City & State | | City & State | | | 4. FEI Number 59-2 | 2823168 | Applied For Not Applicable | |
| Zip | Country | Country Zip Co | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | |
| 6. Name and Address of Current Registered Agent | | | Nos | 7. Name and Address of New Registered Agent | | | | |
| RAZOOK, RICHARD J 800 BRICKELL AVENUE, SUITE 201 | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | | | | MIAMI FL 33131 |
| | | | | City UIAUI FL Zip Code 12/ | | | | |
| 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 print a name or registered agent | and title if applicable. | | | | 50/E | | |
| 9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FLORIDA TO DEPT. OF STATE IN FLO | | | | | | | | |
| A GENERAL PARTNEB 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 # | P96000037671 | | STREET ADDR | FSS 111 | | | | |
| NAME STREET ADDRESS | PALMCOS II INC. 800 BRICKELL AVE., SUITE 201 | | STILL TABLE | | | L HUENU | VE, 30 ME 2600 | |
| CITY-ST-ZIP | MIAMI FL 33131 | | CITY-ST-ZIP | H | IAMI, FL | | 33131 | |
| DOCUMENT # NAME | P31949 PALMCOS INC. | | | ESS /// | 11 BRKKFII | ' AUENU | E SUTTE SOL | |
| STREET ADDRESS CITY-ST-ZIP | 800 BRICKELL AVE., SUITE 201 MIAMI FL 33131 | | CITY-ST-ZIP | HII | AHI EI | - | 3131 | |
| DOCUMENT # | | | STREET ADDE | ESS | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| STREET ADDRESS | | | CITY-ST-ZIP | | | 321927 | 60 | |
| DOCUMENT # | | . , , | STREET ADDR | F99 | 04/08/04-0 | 1016 - 006 - | ***535.80 | |
| NAME STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| DOCUMENT # NAME | | , | STREET ADDR | ESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| DOCUMENT# | | | STREET ADDR | ESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | 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 | | | | | | | | |