


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 29, 2004 08:00 AM
Secretary of State 28

DOCUMENT # A25135	
1. Entity Name IRONHORSE, LIMITED	

Principal Place of Business 8000 IRONHORSE BLVD. WEST PALM BEACH, FL 33412	Mailing Address 8000 IRONHORSE BLVD. WEST PALM BEACH, FL 33412
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



01222004 Chg-LP CR2E003 (10/03)

4. FEI Number 52-1533156	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 B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO, FL 32801	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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9. Capital Contributions as Shown on record. \$3,000,000.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	F95000005968 GARNET PROPERTIES CORP. 280 PARK AVENUE NEW YORK, NY 10017	STREET ADDRESS	
		CITY-ST-ZIP	LN10000104336 04/06/04-80005-020-526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
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		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: 	Date 3/29/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE