


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

<b>DOCUMENT # A26937</b> 1. Entity Name 1070 HIGH RIDGE ROAD LIMITED PARTNERSHIP	
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Principal Place of Business % MORTON B. KAHN, GEN PARTNER 8 VIA LOS INCAS PALM BEACH FL 33480	Mailing Address % MORTON B. KAHN, GEN PARTNER 8 VIA LOS INCAS PALM BEACH FL 33480
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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

6. Name and Address of Current Registered Agent  MORA, ABRAHAM M. 8 VIA LOS INCAS PALM BEACH FL 33480	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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. <b>\$9,800.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>6</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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
	KAHN, MORTON B.		
	8 VIA LOS INCAS		
	PALM BEACH FL		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	KAHN, PHYLLIS C.		
	8 VIA LOS INCAS		
	PALM BEACH FL		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	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:** G. P. **4-8-04** **561-833-1277**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

**FILED**  
**2004 APR 22 PM 3:53**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



MOORE CR2E003 (11/03)

4. FEI Number **65-0141291** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

STAPLE CHECK HERE