

20478

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

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A29263
1. Entity Name
WALDORF TOWERS, LTD.



Principal Place of Business
860 OCEAN DRIVE
MIAMI BEACH FL 33139
Mailing Address
860 OCEAN DRIVE
MIAMI BEACH FL 33139



MOORE CR2E003 (11/03)

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

4. FEI Number 65-0203893
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WEIDER, NORMAN S
100 S.E. 2ND STREET
SUITE 3910
MIAMI FL 33131-2112

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

9. Capital Contributions as Shown on record \$2,000,000.00

10. Amount of Capital Contributions in FLORIDA to date

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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.

Table with 2 main columns: 12. GENERAL PARTNER INFORMATION and 13. ADDRESS CHANGES ONLY. Includes rows for document #, name, street address, city-st-zip for multiple partners.

STAPLE CHECK HERE

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date 4/15/04
Daytime Phone #