


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
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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



MOORE CR2E003 (11/03)

4. FEI Number 65-0203893		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEIDER, NORMAN S 100 S.E. 2ND STREET SUITE 3910 MIAMI FL 33131-2112		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 \$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
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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 #	V15370	STREET ADDRESS	
NAME	LAKASTE, INC.	CITY - ST - ZIP	
STREET ADDRESS	860 OCEAN DRIVE		
CITY - ST - ZIP	MIAMI BEACH FL 33139		
DOCUMENT #		STREET ADDRESS	000000140014
NAME		CITY - ST - ZIP	04/25/04-20146-003 526.25
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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