2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

| DOCUMENT # A29462 1. Entity Name 1-110 WEST, LTD. | | | | | | Mar 04, 2004 08:00 AM Secretary of State | | | |
|--|--------------------|---|--|-------------|---|---|--|--|--|
| Principal Place of Business 175 BRADLEY PLACE PALM BEACH, FL 33480 | | | Mailing Address 5 STONE WALL LU C/O FRED RAPAPORT MAMARONECK, NY 10543 | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt #, etc. | | | 02202004 | Chg-LP | CR2E003 | (10/03) |
| City & State | | | City & State | | | 4. FEI Number 58-20459 | 303 | | Applied For Not Applicable |
| Zip | Country | | Zıp | | | 5. Certificate of | Status Desired | | .75 Additional Required |
| Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | |
| RAPAPORT, ROBERT D 175 BRADLEY PL. PALM BEACH, FL 33480 | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | | | | | |
| | | | | | City FL Zip Code | | | | |
| 8. The above n the obligation | | | the purpose of changing a | ts register | ed office or register | red agent, or both, | in the State of Flo | orida. I am fam | lliar with, and accept |
| SIGNATURE - | | | | | | | _ | - | |
| Signature, typed or printed name of registered agent and tate if applicable 9. Capital Contributions as Shown on record. \$282,000.00 10. Amount of Capital in FLORIDA to date. | | | | | butions | | | DATE | <u> </u> |
| | | | HAT IS A BUSINESS E | | | | | | |
| NOTE: General Partners MAY NOT be changed on 12. GENERAL PARTNER INFORMATION | | | | | ADDRESS CHANGES ONLY | | | | |
| NAME | P9400008 MAKSON | CORP. | CHY | | EET ADDRESS | | | | |
| 1 | | OLEY PLACE ACH, FL 33480 | | | - SI - ZIP | U00000088261 | | | |
| DOCUMENT # NAME | | | | | EET ADDRESS | 03/15/04-80030-017 526.25 | | | |
| STREET ADDRESS CITY-ST-ZIP | | | <u> </u> | CITY | -ST- ZIP | | | | |
| Bocument # Name | | | | STR | EET AODRESS | | | | '/ * |
| STREET ADDRESS CRTY-ST-ZIP | | | | CIFY | -SI-ZiP | | | | |
| DOCUMENT # NAME | | | | SIRI | EET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | CITY | -ST-ZIP | | | _ | 1.2 |
| DOCUMENT # NAME | | | | SFR | eet acoress | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | CHIY | -ST-ZIP | | | · | |
| DOCUMENT # | | · · · · · · · · · · · · · · · · · · · | | STRE | EET ADORESS | | | · · · · · · · · · · · · · · · · · · · | |
| STREET ADDRESS CITY-ST-ZIF | | | | CITY | - ST-ZIP | | | ., | |
| | ertify that the | e information supplied with t is true and accurate and | this filing does not qualify fi | or the exe | mption stated in Se e legal effect as if n | ction 119.07(3)(i), nade under oath; th | Florida Statutes. rat I am a Genera | I further certify al Partner of the | that the information limited partnership or |