


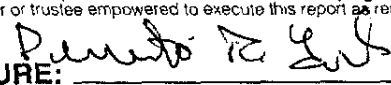
**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A29528</b> 1. Entity Name <b>BTH/KINGS BAY ASSOCIATES, LTD.</b>					
Principal Place of Business <b>655 MADISON AVENUE          8TH FLOOR          NEW YORK, NY 10021-8043</b>			Mailing Address <b>655 MADISON AVENUE          8TH FLOOR          NEW YORK, NY 10021-8043</b>		
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				7. Name and Address of New Registered Agent	
ALVAREZ, VICTOR M. WHITE & CASE 200 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$14,313,630.87</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L43295		STREET ADDRESS	000000159448 05/10/04-80031-003-526.25	
NAME	BTH/KINGS BAY ASSOC, INC		CITY - ST - ZIP		
STREET ADDRESS	8TH FLOOR, 655 MADISON AVENUE		CITY - ST - ZIP		
CITY - ST - ZIP	NEW YORK, NY 100218087		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			CITY - ST - ZIP		
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

APR 23 2004

**212-521-2943**  
Daytime Phone #