

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


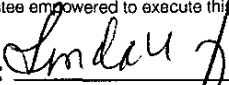
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262004 Chg-LP CR2E003 (10/03)

DOCUMENT # A29580					
1. Entity Name MARTIN COUNTY BUSINESS PARK, LTD.					
Principal Place of Business 1350 E. NEWPORT CENTER DR., SUITE 206 DEERFIELD BEACH, FL 33442			Mailing Address P.O. BOX 4219 DEERFIELD BEACH, FL 33442-4219		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0170550	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAY, JAMES R KAY LAW OFFICES 11505 FAIRCHILD AVE., STE. 203 PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name: JAMES R. KAY, ESQ. Street Address (P.O. Box Number is Not Acceptable) KAY LAW OFFICES 700 VILLAGE SQUARE CROSSING, STE 102B City: PALM BEACH GARDENS, FL Zip Code: 33410	
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..		\$1,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	L29787	STREET ADDRESS			
NAME	PRESTA I, INC.	CITY-ST-ZIP			
STREET ADDRESS	1350 E. NEWPORT CENTER DR., SUITE 206				
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442				
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP		500036266555	
STREET ADDRESS				05/13/04--01050--015 **535.00	
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
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NAME		CITY-ST-ZIP			
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: 		LINDA G. KASSOF		04/27/2004 (954) 428-4585	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	

STAPLE CHECK HERE