

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 FEB 27 AM 9:25



**DOCUMENT # A30456**

1. Entity Name  
**MEISTER FINANCIAL MORTGAGE FUND, LTD.**

Principal Place of Business  
 801 NE 167 ST., SECOND FLOOR  
 N. MIAMI BEACH, FL 33162

Mailing Address  
 801 NE 167 ST., SECOND FLOOR  
 N. MIAMI BEACH, FL 33162



2. Principal Place of Business  
**1835 NE MIAMI GARDENS DR. #193**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1835 NE MIAMI GARDENS DRIVE #193**  
 Suite, Apt. #, etc.

01252004 Chg-LP CR2E003 (10/03)

City & State  
**NORTH MIAMI BEACH, FL**  
 Zip  
**33179**  
 Country  
**USA**

City & State  
**NORTH MIAMI BEACH, FL**  
 Zip  
**33179**  
 Country  
**USA**

4. FEI Number  
**65-0222146**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MEISTER, STEVEN**  
 801 NE 167 ST., SECOND FLOOR  
 N. MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent  
 Name  
**STEVEN MEISTER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1835 NE MIAMI GARDENS DRIVE #193**  
 City  
**NORTH MIAMI BEACH FL** Zip Code  
**33179**

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: **2/25/04**

9. Capital Contributions as Shown on record. **\$8,914,319.60**

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	
DOCUMENT #	
NAME	<b>MEISTER, STEVEN</b>
STREET ADDRESS	<b>801 NE 167 ST., SECOND FLOOR</b>
CITY-ST-ZIP	<b>N. MIAMI BEACH, FL 33162</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>1835 NE MIAMI GARDENS DRIVE #193</b>
CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33179</b>
STREET ADDRESS	
CITY-ST-ZIP	<b>300030234103</b>
	<b>03/10/04--01049--027 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: G.P. DATE: **2/25/04** DAYTIME PHONE #: **305-653-2100**

STAPLE CHECK HERE