


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A30835 1. Entity Name BISCAYNE HARBOUR SHOPPING CENTER ASSOCIATES, LTD.	
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Principal Place of Business 401 E LAS OLAS BLVD., SUITE 2200 FT. LAUDERDALE, FL 33301	Mailing Address 401 E LAS OLAS BLVD., SUITE 2200 FT. LAUDERDALE, FL 33301
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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



01082004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0228949	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 HORVITZ, DAVID W. 401 E LAS OLAS BLVD., SUITE 2200 FT. LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code
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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.

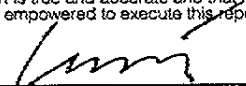
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,326,403.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY-ST-ZIP	S07404 BISCAYNE HARBOUR SHOPPING CENTER, INC. 401 E LAS OLAS BLVD., SUITE 2200 FT. LAUDERDALE, FL 33301	STREET ADDRESS CITY-ST-ZIP	000000111202 04/13/04-80006-021 526.25
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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)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	DAVID W. HORVITZ 4/23/04 <small>Date Daytime Phone #</small>