


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

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A32648</b>	
1. Entity Name MANHATTAN PALMS, LTD.	

Principal Place of Business C/O PROFESSIONAL MANAGEMENT, INC. 9095 S.W. 87TH AVENUE, SUITE 777 MIAMI, FL 33176	Mailing Address C/O PROFESSIONAL MANAGEMENT, INC. 9095 S.W. 87TH AVENUE, SUITE 777 MIAMI, FL 33176
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03182004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3160195	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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MITCHELL, JAMES R. 9095 S.W. 87TH AVENUE, SUITE 777 MIAMI, FL 33176	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 _____
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9. Capital Contributions as Shown on record. \$3,000.00	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 #	511577	STREET ADDRESS	
NAME	PROFESSIONAL MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	9095 S.W. 87TH AVE., #777		
CITY-ST-ZIP	MIAMI, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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

<b>SIGNATURE:</b> _____	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
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**James R. Mitchell**  
**305-270-0870 4/8/04**

STAPLE CHECK HERE