


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A92000000167**  
1. Entity Name  
1350 EAST 18 STREET, LIMITED PARTNERSHIP



Principal Place of Business: 6650 SHEFFIELD LANE, LAGORCE ISLAND, MIAMI BEACH FL 33141  
Mailing Address: 6650 SHEFFIELD LANE, LAGORCE ISLAND, MIAMI BEACH FL 33141

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country



MOORE CR2E003 (11/03)

4. FEI Number: 65-0374862  
Applied For:  Not Applicable

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

**6. Name and Address of Current Registered Agent**

TURKEN, HYMAN  
6650 SHEFFIELD LANE  
LAGORCE ISLAND  
MIAMI BEACH FL 33141

**7. Name and Address of New Registered Agent**

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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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	STREET ADDRESS	CITY - ST - ZIP
P92000011957	JAROB BROOKLYN, INC.	6650 SHEFFIELD LANE, LAGORCE ISLAND	MIAMI BEACH FL 33141

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	CITY - ST - ZIP
1000000102333	04/05/04-80008-016 141.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Hyman Turken 3-18-2004 305-864-5608  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE