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

DOCUMENT # A9200000174 1. Entity Name 1781 BUILDING, LTD.						Mar 04, 2004 08:00 AM Secretary of State	
Principal Place of Business 1781 S.W. 7TH AVENUE POMPANO BEACH FL 33060				Mailing Address 1781 S.W. 7TH AVENUE POMPANO BEACH FL 33060			
Principal Place of Business 3. N				3. Mailing Address			
Suite, Apt. #, etc				Suite, Apt. #, etc			MOORE CR2E003 (11/03)
City & Sta	ite		City & State				4. FEI Number 65-0363500 Applied For Not Applied For
Zip	Zip Country		Zip Caun		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						Name	7. Name and Address of New Registered Agent
RODRIGUEZ, MARTIN 1781 S.W. 7 AVENUE							(P.O. Box Number is Not Acceptable)
PO	BEACH FL 33050						
						City	FL Zip Code
	e named entit ations of regis		or the pu	rpose of changing its	s registei	ed office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed	or annied name of registered agent	and title if	applicable.			DATE
9. Capital Contributions \$4,200.00 10. Amount of Capital as Shown on record.						ibutions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
	A (GENERAL PARTNER 1 General Partners MA	TAHI	S A BUSINESS EN	NTITY N	AUST BE REGIS	TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.
12.		GENERAL PARTNE	R INFORMATION				ADDRESS CHANGES ONLY
DOCUMENT / V64479 NAME 1781 BUILDING, INC. STREET ADDRESS 1781 SW 7TH AVE. CITY-SI-ZIP POMPANO BEACH FL 33062					ST	REET ADDRESS	
					CH	Y-ST-ZIP	
DOCUMENT # NAME					317	WET ADDRESS	UQQQQQQ87561
STREET ADDRESS CITY-ST-ZIP			<u>,</u>	20071111	CIT	Y-ST-ZIP	03/15/04-80014-017 141.25
DOCUMENT # NAME					SIF	REE1 ADDRESS	
STREET ADORESS CIFY-ST-ZIP	S				CH	Y-S3-ZiP	
DOCUMENT # NAME					នា	REET ADDRÉSS	
STREET ADDRESS CITY-ST-ZIP	5				CH	Y-ST-ZIP	
DOCUMENT #					ST	REET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	S				CH	Y-ST-ZIP	
DOCUMENT #					ST	REET ADORESS	
STREET ADDRESS CRTY-ST-ZRP	s				Cti	TY -ST-ZIP	
14. I hereby indicate the rece	y certify that the ed on this repe eiver or truste	ne information supplied wit ort is true and accurate and e empowered to execute the	h this fil d that m as repo	ing does not qualify for y signature shall have rt as required by Cha	or the ex e the sar pter 620	emption stated in S ne legal effect as if , Florida Statutes	Section 119.07(3)(1), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership

MHRTIN PORTION 2 2-25-04 954-784-7631

DNAME OF SIGNING GENERAL PARTNERS

Date

Date

Date

FILED