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

SIGNATURE:

	POL DI N	IAI 1, 2007			
	DOCUMENT # A9300000962  1. Entity Name  34TH STREET PARTNERSHIP, LTD.			SECRETARY OF STATE  DIVISION OF CORFORATIONS	
				04 MAR 29 AM 8: 35	
	Principal Place of Business	Mailing Address			
	6715 SW 35TH WAY GAINESVILLE FL 32608	6715 SW 35TH WAY GAINESVILLE FL 32608			
ļ	2. Principal Place of Business 2100 W. BEACH DR  Suite, Apt. #, etc.  2. Mailing Address 2100 W. BE Suite, Apt. #, etc.		EALL DI		
	Suite, Apr. #, etc. 7 - 204		204	MOORE CR2E003 (11/03)	
	City & State PANAMA CITY-FI	PANAMA C	174-F1	4. FEI Number 59-2928382 Applied For Not Applicable	
	<sup>Zip</sup> 32401 Country	32401	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
ŀ	6. Name and Address of Curren	t Hegistered Agent	Name	7. Name and Address of New Registered Agent	
	LONDONO, NOHRA H				
	6715 SW 35TH WAY GAINESVILLE FL 32608		Street Address (P.O. Box Number is Not Acceptable)		
			2100 W. BEALL DR - 7204		
			City PANAMA CITY FL Zip Sode 401		
	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 Signature, typed or printed name of registered agent and title if applicable.				
9. Capital Contributions \$200.00 10. Amount of Capital Contributions			11 MAKE CHECK PAYABLE TO FLEDEPT OF STATE		
-	as Shown on record. in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
ļ	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	
	NAME LONDONO, N		STREET ADDRESS 2	100 W. BEALL DR - Y204	
	STREET ADDRESS 6715 SW 35TH WAY CITY-ST-ZIP GAINESVILLE FL 32608		CITY-ST-ZIP	PANAMA CITY-FI 32401	
	DOCUMENT # NAME		STREET ADDRESS	1	
	STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	300032280923	
	DOCUMENT #		STREET ADDRESS	04/09/0401061002 **141.25	
STAPLE CHECK HERE	NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
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	14. I hereby certify that the information supplied wi indicated on this report is true and accurate an the receiver or trustee empowered to execute t	d that my signature shall have the	same legal effect a	I in Section 119.07(3)(i), Florida Statutes. I further certify that the information as if made under oath; that I am a General Partner of the limited partnership of es	