


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

**FILED
Apr 01, 2004 08:00 AM
Secretary of State**

DOCUMENT # A94000000319 1. Entity Name ATLANTIC RESORT DEVELOPMENT, LTD.	
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Principal Place of Business 16701 COLLINS AVENUE MIAMI BEACH, FL 33160	Mailing Address 3850 HOLLYWOOD BOULEVARD, SUITE 400 HOLLYWOOD, FL 33021
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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	4. FEI Number 65-0473667	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

03022004 Chg-LP CR2E003 (10/03)

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

6. Name and Address of Current Registered Agent CORNFELD, ROBERT M 3850 HOLLYWOOD BOULEVARD, SUITE 400 HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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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. \$5,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$5,000.00
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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	P93000047642 ATLANTIC RESORT DEVELOPMENT CORP. 3850 HOLLYWOOD BOULEVARD, SUITE 400 HOLLYWOOD, FL 33021	STREET ADDRESS CITY - ST - ZIP	U00000104604 04/05/04-80019-001 141.25
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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

SIGNATURE:  **3/15/04 (954) 989-2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Robert M. Cornfeld, President** Date Daytime Phone #

STAPLE CHECK HERE