


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

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

**DOCUMENT # A94000000401**  
1. Entity Name  
VIA 313-1/2 WORTH AVENUE, LTD.



Principal Place of Business  
333 1/2 WORTH AVE., BLDG. B  
PALM BEACH, FL 33480

Mailing Address  
313 1/2 WORTH AVENUE, STE. B-1  
PALM BEACH, FL 33480

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



03172004 Chg-LP CR2E003 (10/03)

4. FEI Number  
65-0477632

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MICHAEL TORRES  
C/O TRICONY MGT., LLC  
333 1/2 WORTH AVE., BLDG. B  
PALM BEACH, FL 33480

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 by agent or authorized officer of registered agent and filed if applicable

9. Capital Contributions as Shown on record \$3,118,500.00

10. Amount of Capital Contributions in FLORIDA to date. 3,118,500.00

**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	P98000020376 TRICONY VIA CORP. 313 1/2 WORTH AVE., STE. B-1 PALM BEACH, FL 33480	STREET ADDRESS	
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04/05/04 00029 010 526.25

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 820, Florida Statutes.

SIGNATURE: Michael Torres 3-19-04 (561) 832-7088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER