


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

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000000725
 1. Entity Name
THE 1177 KANE CONCOURSE PARTNERSHIP, LTD.



Principal Place of Business
 1177 KANE CONCOURSE, SUITE 201
 BAY HARBOR ISLANDS
 MIAMI BEACH FL

Mailing Address
 1177 KANE CONCOURSE, SUITE 201
 BAY HARBOR ISLANDS
 MIAMI BEACH FL

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

3. Mailing Address
 Suite, Apt. #, etc

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0496329**
 Applied For
 Not Applicable

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



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent

MILLER, CAROLYN
C/O 1177 KANE CONCOURSE, INC.
1177 KANE CONCOURSE, SUITE 118
BAY HRBR IS., MIAMI BEACH FL

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 **\$1,380,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1261916.00**

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 # **P94000039157**
 NAME **1177 KANE CONCOURSE, INC.**
 STREET ADDRESS **1177 KANE CONCOURSE, SUITE 118**
 CITY-ST-ZIP **MIAMI BEACH FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

000000103756
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

STAPLE CHECK HERE

SIGNATURE: *M. Miller* **2/10/04** **305-318-4350**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #