
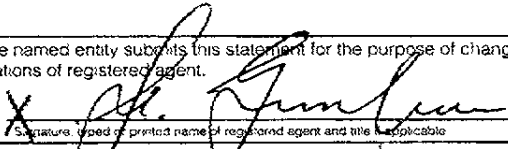


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000001161			
1. Entity Name 33RD STREET CONSOLIDATED PARTNERS, LTD.			
Principal Place of Business 851 EAST S.R. 434, SUITE 182 LONGWOOD FL 32750		Mailing Address 851 EAST S.R. 434, SUITE 182 LONGWOOD FL 32750	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3240990		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GREENSPOON, ALEX 851 EAST S.R. 434, SUITE 182 LONGWOOD FL 32750		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	
9. Capital Contributions as Shown on record \$174,996.00		10. Amount of Capital Contributions in FLORIDA to date.	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	GREENSPOON, ALEX	STREET ADDRESS	
NAME	851 EAST S.R. 434, SUITE 182	CITY-ST-ZIP	
STREET ADDRESS	LONGWOOD FL 32750		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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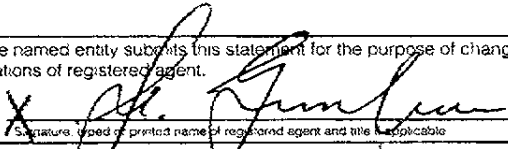
MOORE CR2E003 (11/03)

59-3240990 Applied For Not Applicable

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CITY-ST-ZIP			

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04/05/04-80002-017 526.25

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:  DATE

STAPLE CHECK HERE