

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

<b>DOCUMENT # A94000001232</b>	
1. Entity Name <b>PALM BEACH PARTNERS, LTD.</b>	



FILED  
04 MAY -5 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <del>970 NORTH CONGRESS AVENUE</del> WEST PALM BEACH FL 33409	Mailing Address <del>970 NORTH CONGRESS AVENUE</del> WEST PALM BEACH FL 33409
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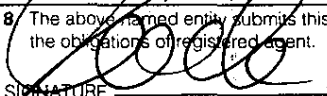
MOORE CR2E003 (11/03)

2. Principal Place of Business <b>1000 NORTH CONGRESS AVE.</b> Suite, Apt. #, etc. <b>SUITE H</b> City & State <b>WEST PALM BEACH, FL</b> Zip <b>33409</b> Country	3. Mailing Address <b>1000 NORTH CONGRESS AVE</b> Suite, Apt. #, etc. <b>SUITE H</b> City & State <b>WEST PALM BEACH, FL</b> Zip <b>33409</b> Country
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4. FEI Number <b>65-0520850</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>DUDE, HARALD</b> <del>970 NORTH CONGRESS AVENUE</del> WEST PALM BEACH FL 33409
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7. Name and Address of New Registered Agent Name <b>DUDE, HARALD</b> Street Address (P.O. Box Number is Not Acceptable) <b>1000 NORTH CONGRESS AVENUE, SUITE H</b> City <b>WEST PALM BEACH</b> FL Zip Code <b>33409</b>
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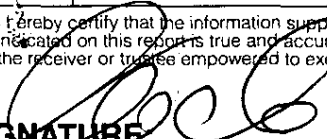
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <b>HARALD DUDE, PRES. OF G.P.</b> DATE <b>APRIL 20, 2004</b>
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9. Capital Contributions as Shown on record. <b>\$950.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT #	<b>L26853</b>
NAME	<b>FIRST NATIONWIDE DEVELOPMENT CORPORATION</b>
STREET ADDRESS	<del>970 NORTH CONGRESS AVENUE</del>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>1000 NORTH CONGRESS AVENUE, SUITE H</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33409</b>
STREET ADDRESS	<b>200037532802</b>
CITY-ST-ZIP	<b>06/02/04--01005--017 **141.25</b>
STREET ADDRESS	
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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 <b>HARALD DUDE, PRES. OF GENERAL PARTNER</b> DATE <b>APRIL 20, 2004</b> (516) 712-4622 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #
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