

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY SEPTEMBER 8, 2004**

DOCUMENT # A95000000003

1. Entity Name  
**TIVOLI ASSOCIATES, LTD.**



*W. 11/09/04*

2. Principal Place of Business  
**945 MARINER DR.  
KEY BISCAYNE FL 33149**

3. Mailing Address  
**945 MARINER DR.  
KEY BISCAYNE FL 33149**

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4. Principal Place of Business  
City, Apt. #, etc.  
City & State

5. Mailing Address  
Suite, Apt. #, etc.  
City & State

MOORE CR2E003 (4/04)

4. FEI Number **65-0544149**  
Applied For   
Not applicable

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

6. Name and Address of Current Registered Agent  
**KUPERSTEIN, STANLEY H  
15 E 3RD AVE, 28TH FLOOR  
MIAMI FL 33131-1714**

7. Name and Address of New Registered Agent  
Name **B&C Corporate Services Inc.**  
Street Address (P.O. Box Number is Not Acceptable) **One Financial Plaza, suite#2700**  
City **Fort Lauderdale**  
City **Fort Lauderdale**  
State **FL** Zip Code **33394**

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.

**11. FILE NOW!!! Due by September 8, 2004!**  
See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions  
As Shown on record. **\$3,885,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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	
12.1. PARTNER NAME	<b>TIVOLI ENTERPRISES, LLC</b>
12.2. STREET ADDRESS	<b>C/O 830 BRICKELL AVE.</b>
12.3. CITY-STATE-ZIP	<b>MIAMI FL 33131</b>
12.4. STREET ADDRESS	
12.5. CITY-STATE-ZIP	
12.6. STREET ADDRESS	
12.7. CITY-STATE-ZIP	
12.8. STREET ADDRESS	
12.9. CITY-STATE-ZIP	
12.10. STREET ADDRESS	
12.11. CITY-STATE-ZIP	
12.12. STREET ADDRESS	
12.13. CITY-STATE-ZIP	

13. ADDRESS CHANGES ONLY	
13.1. STREET ADDRESS	<b>945 Mariner Dr</b>
13.2. CITY-STATE-ZIP	<b>Key Biscayne, FL 33149</b>
13.3. STREET ADDRESS	<b>700042756767</b>
13.4. CITY-STATE-ZIP	<b>11/15/04--01078--004 **526.25</b>
13.5. STREET ADDRESS	
13.6. CITY-STATE-ZIP	
13.7. STREET ADDRESS	
13.8. CITY-STATE-ZIP	
13.9. STREET ADDRESS	
13.10. CITY-STATE-ZIP	
13.11. STREET ADDRESS	
13.12. CITY-STATE-ZIP	

I, the undersigned, 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 co-owner or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *[Signature]* **CONCEPCION LURIE**  
for TIVOLI ENTERPRISES, LLC **8/30/04 (305)361-9059**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day(s) Phone #