

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A95000000182		
1. Entry Name 1244 PENN ASSOCIATES, LTD.		

Principal Place of Business 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139	Mailing Address 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
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ROBINS, CRAIG 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139	
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02122004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0579076	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
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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. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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		13. ADDRESS CHANGES ONLY	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P95000009379 1244 PENN ASSOCIATES, INC. 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139	STREET ADDRESS	
		CITY-ST-ZIP	

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	1000000102318 04/05/04-30008-011 141.25
		CITY-ST-ZIP	

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		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.

SIGNATURE:	DATE	DAYTIME PHONE
Signature and typed or printed name of signing general partner	3/8/04	305-531-8700

STAPLE CHECK HERE