


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

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # A95000001170	
1. Entity Name HALLMARK BEACH INVESTORS, LTD.	

Principal Place of Business 1700 S. DIXIE HWY., STE. 400 BOCA RATON FL 33432	Mailing Address 1700 S. DIXIE HWY., STE. 400 BOCA RATON FL 33432
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country


MOORE CR2E003 (11/03)

4. FEI Number 65-0665195	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

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

**HALL, ROGER E
1700 S. DIXIE HWY., STE. 400
BOCA RATON FL 33432**

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. \$1,152,500.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT # V31271	NAME HALLMARK BEACH PROPERTIES, INC.	STREET ADDRESS	1100000120142
STREET ADDRESS 1700 S. DIXIE HWY., STE. 400		CITY - ST - ZIP	04/20/04-80007-022 526.25
CITY - ST - ZIP BOCA RATON FL 33432			
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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:  **ROGER E HALL** **4/8/04** **561-362-5234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE