

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

DOCUMENT # A9600000131

1. Entity Name
TAL PARTNERS, LTD.



FILED

04 APR 29 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2665 SOUTH BAYSHORE DRIVE, SUITE 800
MIAMI, FL 33133

Mailing Address
2665 SOUTH BAYSHORE DRIVE, SUITE 800
MIAMI, FL 33133

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

04132004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0641056

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GERSHMAN, DAVID
2665 SOUTH BAYSHORE DRIVE, SUITE 800
MIAMI, FL 33133

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. \$229,000.00

10. Amount of Capital Contributions in FLORIDA to date. 231,000.00

**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 #	P95000024317	STREET ADDRESS	
NAME	TRIVEST EQUITIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 800		
CITY-ST-ZIP	MIAMI, FL 33133		
DOCUMENT #		STREET ADDRESS	000034658040
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STREET ADDRESS			
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: *Marilyn R. Gresham, Secretary* 4/29/04 305-858-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE