


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

DOCUMENT # A96000000152
1. Entity Name
633 PARTNERS, LTD.




FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR -5 AM 10:43

Principal Place of Business: 1111 LINCOLN ROAD, SUITE 800, MIAMI BEACH FL 33139
Mailing Address: 1111 LINCOLN ROAD, SUITE 800, MIAMI BEACH FL 33139

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country



MOORE CR2E003 (11/03)
4. FEI Number: 65-0637851
Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KLEIN, THEODORE J ESQ.
16855 N.E. 2 AVENUE
SUITE 301
NORTH MIAMI BEACH FL 33160

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.

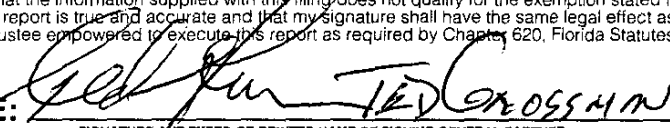
9. Capital Contributions as Shown on record: \$12,150.00
10. Amount of Capital Contributions in FLORIDA to date: _____
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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. \$179.75

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000081054	STREET ADDRESS	
NAME	BAYE CONTRACTING, INC.	CITY-ST-ZIP	
STREET ADDRESS	1111 LINCOLN ROAD, SUITE 800		
CITY-ST-ZIP	MIAMI BEACH FL 33139		
DOCUMENT #		STREET ADDRESS	600033106576
NAME		CITY-ST-ZIP	04/20/04--01007--008 **179.75
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STREET ADDRESS			
CITY-ST-ZIP			

SIMPLE CHECK HERE

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: 4/13/04 DAYTIME PHONE #: 305-657-6069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER