
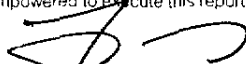


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000889 1. Entity Name COLONIAL SQUARE, LTD.					
Principal Place of Business 1655 DREXEL AVENUE, SUITE 209 MIAMI BEACH, FL 33139			Mailing Address 1655 DREXEL AVENUE, SUITE 209 MIAMI BEACH, FL 33139		
2. Principal Place of Business Suite, Apt #, etc			3. Mailing Address Suite, Apt #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0666114	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROSENBERG, JEFFREY 1655 DREXEL AVENUE, SUITE 209 MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City	
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				FL Zip Code	
SIGNATURE _____ DATE _____					
9. Capital Contributions as Shown on record \$855,752.00			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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P96000037562		STREET ADDRESS		
NAME	COLONIAL SQUARE, INC.		CITY- ST- ZIP		
STREET ADDRESS	1655 DREXEL AVENUE, SUITE 209		CITY- ST- ZIP		
CITY- ST- ZIP	MIAMI BEACH, FL 33139		CITY- ST- ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
STREET ADDRESS			CITY- ST- ZIP		
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STREET ADDRESS			CITY- ST- ZIP		
CITY- ST- ZIP			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: 4/29/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			DAYTIME PHONE # 305 673-5636		

STAPLE CHECK HERE

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 05/10/04-80041-016 535.00