


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jul 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000001307		
1. Entity Name THE WORTH AVENUE FINE ARTS LIMITED PARTNERSHIP		

Principal Place of Business 460 WORTH AVENUE PALM BEACH, FL 33480	Mailing Address C/O US CABLE CORPL 28 WEST GRAND AVE. MONTVALE, NJ 07645
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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



07142004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0777891	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MYERS, STEPHEN E 460 WORTH AVENUE PALM BEACH, FL 33480	
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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
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9. Capital Contributions as Shown on record. \$56,546,427.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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 #	L01000001909	STREET ADDRESS	
NAME	WORTH AVENUE FINE ARTS, L.L.C.	CITY - ST - ZIP	
STREET ADDRESS	C/O STEPHEN E. MYERS, 460 WORTH AVE.	STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH, FL 33480	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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07/29/04-80008-003 526.25

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:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #
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STAPLE CHECK HERE