

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A9600002517
 1. Entity Name
 MIAMI GARDENS SHOPPING PLAZA, LTD.



Principal Place of Business Mailing Address
 1655 DREXEL AVENUE, SUITE 208 1655 DREXEL AVENUE, SUITE 208
 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc Suite Apt #, etc

City & State City & State

Zip Country Zip Country



04222004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0724814 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 RAPPORT, MORRIS
 1655 DREXEL AVENUE, SUITE 208
 MIAMI BEACH, FL 33139

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 firm if applicable

9. Capital Contributions as Shown on record \$360,900.00

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	
DOCUMENT #	P95000019695
NAME	MIAMI GARDENS SHOPPING PLAZA CORP.
STREET ADDRESS	1655 DREXEL AVENUE, SUITE 208
CITY - ST - ZIP	MIAMI BEACH, FL 33139
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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 05/10/04 00041 012 535.00

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.

STAPLE CHECK HERE

SIGNATURE: *Morris Rapport* Morris Rapport PT 4/29/04 305-672-7235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #