


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

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

DOCUMENT # A97000000014 1. Entity Name DESTIN/SHARKTOOTH LIMITED PARTNERSHIP					
Principal Place of Business 2333 BRICKELL AVENUE STE. D-1 MIAMI FL 33129			Mailing Address 2333 BRICKELL AVENUE STE. D-1 MIAMI FL 33129		
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 65-0722012	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DAVID, MARY ANN Y ESQUIRE 2333 BRICKELL AVENUE SUITE D-1 MIAMI FL 33129				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 _____ <small>Signature: Typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record		\$150,000.00		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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		
P96000103162 DESTIN/SHARKTOOTH VENTURES, INC. 2333 BRICKELL AVENUE, SUITE D-1 MIAMI FL 33129					
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MOORE CR2E003 (11/03)

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05/07/04-80017-022 526.25

STAPLE 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:  **Norman S. Rosen**

4/1/04 (305) 859-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #