


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

DOCUMENT # A97000000099					
1. Entity Name MIZNER LAKE ESTATES, LIMITED PARTNERSHIP					
Principal Place of Business 1200 S. ROGERS CIRCLE, SUITE #11 BOCA RATON FL 33487			Mailing Address 1200 S. ROGERS CIRCLE, SUITE #11 BOCA RATON FL 33487		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0716554	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent POPKIN, EDWARD D ESQUIRE 2499 GLADES ROAD, SUITE 114 BOCA RATON FL 33431-7360				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable) 5355 TOWN CENTER ROAD	
				Suite 801	
				City FL Zip Code 33486	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
\$4,000,000.00					
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 #	P96000097976		STREET ADDRESS		
NAME	MIZNER LAKE ESTATES, INC.		CITY-ST-ZIP		
STREET ADDRESS	1200 S. ROGERS CIRCLE, #11				
CITY-ST-ZIP	BOCA RATON FL 33487				
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STREET ADDRESS					
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: <u>Leonard Albano</u> 3/18/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 22 PM 2:37



MOORE CR2E003 (11/03)