


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001095 1. Entity Name 900 W. 49TH STREET, LTD.					
Principal Place of Business THE RICHARD BRANDON CO. 1501 SUNSET DR., 2ND FLOOR CORAL GABLES, FL 33143			Mailing Address THE RICHARD BRANDON CO. 1501 SUNSET DR., 2ND FLOOR CORAL GABLES, FL 33143		
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 65-0758133	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For No, Applicable	
6. Name and Address of Current Registered Agent THE RICHARD BRANDON COMPANY 1501 SUNSET DR., 2ND FLOOR CORAL GABLES, FL 33143				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.				\$8.75 Additional Fee Required	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$100.00			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 # NAME STREET ADDRESS CITY - ST - ZIP	P00000049003 900 MANAGEMENT CORP. 1501 SUNSET DR., 2ND FLR CORAL GABLES, FL 33143		STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP	
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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: <i>Robert Chatter</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: 4/30/04		Daytime Phone #: 305-938-4000

STAPLE CHECK HERE



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FL Zip Code

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