


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # A97000001454</b> 1. Entity Name <b>DURACH DEVELOPMENT LTD.</b>	
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**FILED**

04 JAN 29 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business <b>125 WORTH AVENUE, SUITE 220</b> <b>PALM BEACH, FL 33480</b>	Mailing Address <b>125 WORTH AVENUE, SUITE 220</b> <b>PALM BEACH, FL 33480</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01192004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>65-0772899</b>	Applied For Not Applicable
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5. Certificate of Status Desired **2X** **\$8.75** Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>FRANKS, STANLEY</b> <b>125 WORTH AVENUE, SUITE 220</b> <b>PALM BEACH, FL 33480</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>
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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 title if applicable.

9. Capital Contributions as Shown on record. <b>\$2,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	
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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 #	P97000057727	STREET ADDRESS	
NAME	DURACH DEVELOPMENT INC.	CITY-ST-ZIP	
STREET ADDRESS	125 WORTH AVENUE, SUITE 220		
CITY-ST-ZIP	PALM BEACH, FL 33480		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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:** H. Durach  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/20/04 (561-835-8001)  
Date Daytime Phone #

STAPLE CHECK HERE