

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

FILED

2004 APR 22 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000001515	
1. Entity Name THE ANNE BECKER REAL ESTATE LIMITED PARTNERSHIP	

Principal Place of Business 2631 N.W. 41ST STREET SUITE B GAINESVILLE, FL 32606	Mailing Address 530 FIFTH AVENUE, 9TH FLOOR C/O RICHARD KLEIN NEW YORK, NY 10036
--	---

2. Principal Place of Business c/o Richard G. Klein, Esq. Suite, Apt. #, etc. 530 Fifth Avenue, 9th Fl.	3. Mailing Address Suite, Apt. #, etc.
--	---

City & State New York, NY	City & State
------------------------------	--------------

Zip 10036	Country USA	Zip	Country
--------------	----------------	-----	---------

03022004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3449185	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PARALEGAL & ATTORNEY SERVICE BUREAU, INC. 1045 MERRIT DRIVE TALLAHASSEE, FL 32301	
--	--

**HIQ CORPORATE SERVICES, INC.
526 EAST PARK AVENUE-Ste. 200
TALLAHASSEE, FL 32301**

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 obligation

SIGNATURE  PRESIDENT HIQ CORPORATE SERVICES, INC. 4-21-2004

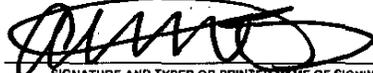
Typed or printed name of current registered agent and date if applicable. DATE

9. Capital Contributions as Shown on record. \$122,300.00	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	
	BECKER, ANNE TRUSTEE		
STREET ADDRESS	143 AVENUE B, APT. 9G	CITY - ST - ZIP	
CITY - ST - ZIP	NEW YORK, NY 10009		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Anne S. Becker** Date **4/19/04** Daytime Phone # **212-818-9000**

STAFF CHECK HERE