


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 26 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002054 1. Entity Name GADSDEN SQUARE LIMITED PARTNERSHIP	
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Principal Place of Business 1009 EAST 14 STREET BROOKLYN, NY 11230	Mailing Address 1009 EAST 14 STREET BROOKLYN, NY 11230
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2. Principal Place of Business 60 Broad Street Suite, Apt. #, etc. 3503 City & State New York NY Zip 10004 Country USA	3. Mailing Address 60 Broad St. Suite, Apt. #, etc. 3503 City & State New York, NY Zip 10004 Country USA
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02192004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0782904	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOSEPH, JERRY 100 GOLDEN ISLES DR., SUITE 1204 HALLANDALE, FL 33009	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 500036279785 05/14/04--01003--019 **526.25 City FL Zip Code _____	

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. \$650,000.00	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 #	P97000082341	STREET ADDRESS	60 Broad Street Suite 3503
NAME	GADSDEN, INC.	CITY-ST-ZIP	New York, NY 10004
STREET ADDRESS	1009 EAST 14 ST.		
CITY-ST-ZIP	BROOKLYN, NY 11230		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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: *Judy E. Eichen* 3/25/04 212-668-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE