
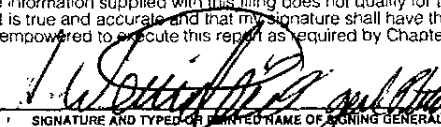


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000002254</b>					
1. Entity Name <b>WEINSTEIN PARTNERSHIP, LTD.</b>					
Principal Place of Business <b>1900 CONSULATE PLACE, SUITE 903 WEST PALM BEACH, FL 33401</b>			Mailing Address <b>1900 CONSULATE PLACE, SUITE 903 WEST PALM BEACH, FL 33401</b>		
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 <b>65-0787230</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WEINSTEIN, BERNARD 1900 CONSULATE PLACE, SUITE 903 WEST PALM BEACH, FL 33401</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P O Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$3,000,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	1900 CONSULATE PLACE, SUITE 903		CITY - ST - ZIP		
CITY - ST - ZIP	WEST PALM BEACH, FL 33401				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	2921 LENOX ROAD, NE #308		CITY - ST - ZIP		
CITY - ST - ZIP	ATLANTA, GA 30324				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
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: 			4/27/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



04272004 Chg-LP CR2E003 (10/03)

U00000159495  
05/10/04-80032-025 526.25

STAPLE CHECK HERE