


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 22, 2004 08:00 AM
Secretary of State

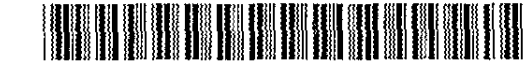
DOCUMENT # A97000002351	
1. Entity Name TURNBERRY FIDELCO RENTAL LIMITED PARTNERSHIP	

Principal Place of Business ATTN: MARC E. BERSON 225 MILLBURN AVENUE, SUITE 202 MILLBURN, NJ 07041	Mailing Address ATTN: MARC E. BERSON 225 MILLBURN AVENUE, SUITE 202 MILLBURN, NJ 07041
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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01292004 Chg-LP CR2E003 (10/03)

4. FEI Number 22-3549344	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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. \$250,000.00	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 #	M97000000712	STREET ADDRESS	
NAME	TURNBERRY FIDELCO LLC	CITY-ST-ZIP	
STREET ADDRESS	225 MILLBURN AVE., SUITE 202		
CITY-ST-ZIP	MILLBURN, NJ 07041		
DOCUMENT #		STREET ADDRESS	U00000102118
NAME		CITY-ST-ZIP	04/05/04-80002-003-526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		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: 	3/19/04	973-4167-4300 x3146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

STAPLE CHECK HERE