


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

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

DOCUMENT # A97000002746		
1. Entity Name BALINT DRIVE MORTGAGE LTD.		

Principal Place of Business C/O HERBERT SOBEL 1773 WILTSHIRE VILLAGE DRIVE WELLINGTON, FL 33414	Mailing Address C/O HERBERT SOBEL 1773 WILTSHIRE VILLAGE DRIVE WELLINGTON, FL 33414
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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



02182004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0808813	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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. \$935,000.00	10. Amount of Capital Contributions in FLORIDA to date. 935,000.00
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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 #	NAME	STREET ADDRESS	
NAME	SHERRY, WILLIAM	CITY-ST-ZIP	
STREET ADDRESS	1773 WILTSHIRE VILLAGE DRIVE		
CITY-ST-ZIP	WELLINGTON, FL 33414		
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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)(f), 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:**  **MICHAEL SHERRY** 2/26/04 914 793-1793  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date City/State Phone #

STAPLE CHECK HERE