

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A98000000573

1. Entity Name

PESCE PROPERTIES, LTD.

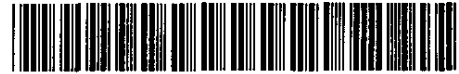


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 26 AM 8:34

Principal Place of Business Mailing Address
19300 N.E. 22ND AVENUE 19300 N.E. 22ND AVENUE
NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL 33180

2. Principal Place of Business 3. Mailing Address
2875 PINE TREE DR 2875 PINE TREE DR
Suite, Apt. #, etc. Suite, Apt. #, etc.



MOORE CR2E003 (11/03)

City & State City & State
MIAMI BEACH FL MIAMI BEACH FL
Zip Country Zip Country
33140 DADE 33140 DADE

4. FEI Number 65-0816107 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PESCE, ELEANOR
19300 N.E. 22ND AVENUE
NORTH MIAMI BEACH FL 33180

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. \$1,760,000.00 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	P98000016264	STREET ADDRESS	STREET ADDRESS	
NAME	PESCE FAMILY CORPORATION	CITY-ST-ZIP	CITY-ST-ZIP	
STREET ADDRESS	19300 NE 22ND AVENUE			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180			
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	
NAME		CITY-ST-ZIP	CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP				
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CITY-ST-ZIP				
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NAME		CITY-ST-ZIP	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: Eleanor Pesce 2/24/04 (305 932-7602)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE