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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER

## Apr 09, 2004 08:00 AM Secretary of State **DOCUMENT # A98000000660** 1. Entity Name 1300 LAS OLAS PLACE LIMITED PARTNERSHIP Principal Place of Susiness Mailing Address UNIT 104, 1201 S.E. 2ND COURT 721 N.E. 3RD AVENUE FT. LAUDERDALE, FL 33304 FT. LAUDERDALE, FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 02132004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 65-0819471 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOERING, RALPH H Street Address (P.O. Box Number is Not Acceptable) PALMETTO STATES PROPERTIES, INC. 721 NE 3RD AVENUE FORT LAUDERDALE, FL 33304 City Zip Code 8. Whe 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 Ithe obligations of registered agent. SIGNATURE - Granume, typed or printed name of registered agent and title it applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$400,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # P95000083892 STREET ADDRESS NAME PALMETTO STATES PROPERTIES, INC. STREET ADDRESS UNIT 104, 1201 S.E. 2ND COURT U00000114952 04716704-80064-CRTY-ST-ZIP CITY-ST-ZIP FT, LAUDERDALE, FL 33301 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZP CITY-ST-ZIP BOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS C(TY-ST-Z(P 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 it made under oath; that I am a General Partner of the limited pertnership or the receiver or trustee empowered to execute this report as required by phaney 620. Florida Statutes

**FILED**