
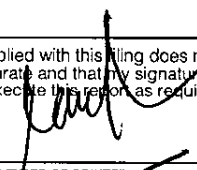


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 12 PM 12:38

<b>DOCUMENT # A98000001318</b>					
1. Entity Name <b>BAKER-FOX PROPERTIES, LTD.</b>					
Principal Place of Business <b>2029 HARRISON STREET, BAY #6 HOLLYWOOD, FL 33020</b>			Mailing Address <b>2029 HARRISON STREET, BAY #6 HOLLYWOOD, FL 33020</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>65-0849302</b>	
				Applied For 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			7. Name and Address of New Registered Agent		
<b>KANTOR, JILL 2029 HARRISON STREET, BAY #6 HOLLYWOOD, FL 33020</b>			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. (Printed)</small>					
9. Capital Contributions as Shown on record. <b>\$16,500.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>16500.00</b>			
<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 #	P98000046980		STREET ADDRESS		
NAME	BAKER-FOX PROPERTIES, INC.		CITY-ST-ZIP		
STREET ADDRESS	2029 HARRISON STREET, BAY #6				
CITY-ST-ZIP	HOLLYWOOD, FL 33020				
DOCUMENT #			STREET ADDRESS	<b>900031672789</b>	
NAME			CITY-ST-ZIP	<b>04/01/04 01014 028 **207.75</b>	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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: 			3/10/04 305-651-3211		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE