


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

DOCUMENT # A98000001756		
1. Entity Name AMERICAN PALM BEACH LAND, LTD.		
Principal Place of Business 115 N.W. 167TH STREET, STE 300 MIAMI FL 33169		Mailing Address 115 N.W. 167TH STREET, STE 300 MIAMI FL 33169
2. Principal Place of Business	3. Mailing Address	
Suite One SE 3rd Avenue Suite 3100 City Miami, FL 33131 Zip	Suite One SE 3rd Avenue Suite 3100 City Miami, FL 33131 Zip	

FILED
04 APR 30 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent AMERICAN PALM BEACH LAND, INC. 115 N.W. 167TH STREET, STE 300 MIAMI FL 33169		7. Name and Address of New Registered Agent Name _____ Street _____ (Not Acceptable) One SE 3rd Avenue Suite 3100 City Miami, FL 33131 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	
9. Capital Contributions as Shown on record. \$5,000.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000064675 AMERICAN PALM BEACH LAND, INC. 115 N.W. 167TH STREET, STE 300 MIAMI FL 33169	STREET ADDRESS CITY-ST-ZIP	One SE 3rd Avenue Suite 3100 Miami, FL 33131
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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: GRAVIL TRACY 4/27/04 (305) 654-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE