


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004**

FILED

04 JUL 30 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000002436			
1. Entity Name TAMEAST TEQUESTA, LTD.			
Principal Place of Business 722 N US HWY 1 TEQUESTA, FL 33469		Mailing Address 722 N US HWY 1 TEQUESTA, FL 33469	
2. Principal Place of Business		3. Mailing Address 1340 Bruckner Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 2nd Floor	
City & State		City & State Bronx, NY	
Zip	Country	Zip	Country
		10459	
4. FEI Number 58-2476955		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HCRM CORP. 2200 CORPORATE BLVD., N.W., SUITE 401 BOCA RATON, FL 33431		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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE	
9. Capital Contributions as Shown on record. \$501,220.00		10. Amount of Capital Contributions in FLORIDA to date.	
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.			
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 #	P98000088635	STREET ADDRESS	1340 Bruckner Blvd.
NAME	TAMEAST, INC.	CITY-ST-ZIP	Bronx, NY 10459
STREET ADDRESS	213-01 99TH AVENUE		
CITY-ST-ZIP	QUEENS VILLAGE, NY 11429		
DOCUMENT #		STREET ADDRESS	000039949440
NAME		CITY-ST-ZIP	08/06/04--01040--020 **526.25
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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: 		7/21/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	
		718-893-9090	
		Daytime Phone #	

STAPLE CHECK HERE