


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

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000000027					
1. Entity Name SQUID ROW PARTNERS, LTD.					
Principal Place of Business 4001 IBIS POINT CIRCLE BOCA RATON FL 33431			Mailing Address 4001 IBIS POINT CIRCLE BOCA RATON FL 33431		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		



MOORE CR2E003 (11/03)

4. FEI Number 65-0886182	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHAPIRO, HERBERT A 4001 IBIS POINT CIRCLE BOCA RATON FL 33431		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.	\$1,500,000.00	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 #	P99000000432	STREET ADDRESS	
NAME	SQUID ROW FLO CO	CITY-ST-ZIP	
STREET ADDRESS	4001 IBIS POINT CIRCLE		
CITY-ST-ZIP	BOCA RATON FL 33431		
DOCUMENT #		STREET ADDRESS	U000000035380
NAME		CITY-ST-ZIP	03/24/04-80029-013 526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: 	DATE: 3/9/04
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>DATE</small>
	<small>Daytime Phone #</small>