


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

**FILED
Apr 22, 2004 08:00 AM
Secretary of State**

DOCUMENT # A99000000045
1. Entity Name
FOUR STREET PROPERTIES, LTD.



Principal Place of Business
**7086 S.W. 4TH STREET
MIAMI, FL 33131**

Mailing Address
**7086 S.W. 4TH STREET
MIAMI, FL 33131**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



02172004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-2198342

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**OSVALDO VENTO SR.
7086 S.W. 4TH STREET
MIAMI, FL 33131**

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 _____ DATE _____
SRL

9. Capital Contributions as Shown on record **\$1,782,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **437,500**

**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	P98000107742 FOUR STREET PROPERTIES, INC. 7086 S.W. 4TH STREET MIAMI, FL 33131	STREET ADDRESS	
		CITY - ST - ZIP	
			000000140034
			04/29/04-80146-009 526.25
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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: *[Signature]* **3/17/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE