

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

DOCUMENT # A9900000453
1. Entity Name
CRAFTSMAN MALL LIMITED PARTNERSHIP



FILED

04 MAY -7 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
141 NE 3RD AVE., 7TH FLOOR MIAMI FL 33132 **141 NE 3RD AVE., 7TH FLOOR MIAMI FL 33132**

2. Principal Place of Business 3. Mailing Address
2310 Hollywood Blvd **2310 Hollywood Blvd**
Suite, Apt. #, etc. Suite, Apt. #, etc.



MOORE CR2E003 (11/03)

City & State City & State
Hollywood FL **Hollywood FL**
Zip Country Zip Country
33020 USA **33020 USA**

4. FEI Number **65-0912019** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SKLAR, NEAL ESQ
PECKAR & ABRAMSON
ONE SE 3RD AVE., STE 3050
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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,294,000.00** 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	
DOCUMENT #	P99000025960
NAME	CRAFTSMAN MALL, INC.
STREET ADDRESS	141 NE 3RD AVE., 7TH FLOOR
CITY-ST-ZIP	MIAMI FL 33132
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800037434918
CITY-ST-ZIP	06/01/04--01008--004 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: **2/6/04** **954-925-9292**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #