

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A99000000951

1. Entity Name
MEISELMAN 1999 LIMITED PARTNERSHIP



Principal Place of Business: 9850 EAST BROADVIEW DRIVE, BAY HARBOR ISLANDS, FL 33154
 Mailing Address: 9850 EAST BROADVIEW DRIVE, BAY HARBOR ISLANDS, FL 33154

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



01072004 Chg-LP CR2E003 (10/03)

4. FEI Number: **65-0926057** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
ADAMS, FRANK T ESQ.
 100 N.E. 3RD AVE., STE. 280
 FT LAUDERDALE, FL 33301

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: **\$1,000,000.00**
 10. Amount of Capital Contributions in FLORIDA to date: _____

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 #	MEISELMAN, TOBA	STREET ADDRESS	
NAME	9850 EAST BROADVIEW DRIVE	CITY-ST-ZIP	
STREET ADDRESS	BAY HARBOR ISLANDS, FL 33154		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	800027516028
NAME		CITY-ST-ZIP	01/23/04--01053--003 **535.00
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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: *Toba R. Meiselman* Toba R. Meiselman 1/20/04 305-531-0481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #