

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED JLO
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000001197

1. Entry Name
MALLORY SQUARE-PALM BEACH LIMITED PARTNERSHIP



Principal Place of Business
**C/O HEARTHSTONE
16133 VENTURA BLVD., SUITE 1400
ENCINO, CA 91436**

Mailing Address
**C/O HEARTHSTONE
16133 VENTURA BLVD., SUITE 1400
ENCINO, CA 91436**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172004

Chg-LP

CR2E003 (10/03)

4. FEI Number
95-4755024

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$2,439,132.91**

10. Amount of Capital Contributions
in FLORIDA to date. **325,019.67**

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 # **L98000003194**
NAME **FL MSII/SEPII GP, L.C.**
STREET ADDRESS **16133 VENTURA BLVD., SUITE 1400**
CITY-ST-ZIP **ENCINO, CA 91436**

STREET ADDRESS

CITY-ST-ZIP

**U00000159445
05/10/04-80028-025 526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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:

SEE SIGNATURE BLOCK

4/21/04

818-385-0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE