


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000001448

1. Entity Name
MALLORCA PARTNERS, LTD.



Principal Place of Business
12550 BISCAYNE BLVD., SUITE 215
NORTH MIAMI, FL 33181

Mailing Address
12550 BISCAYNE BLVD., SUITE 215
NORTH MIAMI, FL 33181



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

3. Mailing Address
 Suite, Apt. #, etc

City & State

City & State

Zip Country

Zip Country

02122004 Chg-LP OR2E003 (10/03)

4. FEI Number
65-0989812

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GREEN, PATRICIA K
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI, FL 33130

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 **\$5,499,741.00**

10. Amount of Capital Contributions in FLORIDA to date **4,399,793.00**

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 #	L99000005504	STREET ADDRESS	
NAME	MALLORCA PARTNERS, LLC	CITY - ST - ZIP	
STREET ADDRESS	12550 BISCAYNE BLVD., SUITE 215		
CITY - ST - ZIP	NORTH MIAMI, FL 33181		
DOCUMENT #		STREET ADDRESS	U00000158655
NAME		CITY - ST - ZIP	05/07/04 00030 916 535.00
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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: *R. Stone* Date: 3-30-04 (305) 891-3331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #