


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

APPROVED
AND
FILED

04 APR -2 PM 4:40


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B00000000212	
1. Entity Name PHILIPS LAKE WORTH LP	

Principal Place of Business 417 5TH AVE, 3RD FL NEW YORK NY 10016	Mailing Address 417 5TH AVE, 3RD FL NEW YORK NY 10016
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2. Principal Place of Business 295 MADISON AVE	3. Mailing Address 295 MADISON AVE
Suite, Apt. #, etc. 2ND FLOOR	Suite, Apt. #, etc. 2ND FLOOR

City & State NEW YORK NY	City & State NEW YORK NY
Zip 10017	Country 10017

	
MOORE	CR2E003 (11/03)
4. FEI Number 13-4028816	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EISENSTADT, DAVID 419 WEST 49TH STREET, STE 300 HIALEAH FL 33012	
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. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # F01000003034	NAME PL LAKE WORTH CORP.	STREET ADDRESS 295 MADISON AVE 2 FLOOR	NEW YORK NY 10017
STREET ADDRESS 417 5TH AVE, 3RD FL	CITY-ST-ZIP NEW YORK NY 10016	CITY-ST-ZIP	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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)(j), 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: Michael Pagnotta **SA V.P. PHILIPS INT'L HOLDING CORP AS AGENT**
3/26/04 212 545 1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE