

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 MAY -3 PM 6:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04122004 Chg-LP CR2E003 (10/03)

<b>DOCUMENT # B01000000066</b> 1. Entity Name PUDALOV - I, L.P.					
Principal Place of Business 1201 SOUTH OCEAN DRIVE, NORTH, SUITE 1808 HOLLYWOOD BEACH, FL 33019			Mailing Address 1201 SOUTH OCEAN DRIVE, NORTH, SUITE 1808 HOLLYWOOD BEACH, FL 33019		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL		4. FEI Number 58-2568110	
Zip 		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  KRAMER, ROBERT M 4000 HOLLYWOOD BLVD., SUITE 485 SOUTH HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$165,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>526.25</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
M01000000467 PUDALOV, LLC 1201 SOUTH OCEAN DRIVE, NORTH, SUITE 1808 HOLLYWOOD BEACH, FL 33019			HOLLYWOOD, FL 33019		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
			200036546292 05/18/04--01034--015--**526.25		
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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: <i>Lyning Pudalov</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4-29-04 9549251658 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE