2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # B01000000215

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 AUG 12 PM 1:46

LW 08/27/04

1. Entity Name
SEABREEZE PARTNERS, L.P.

Principal Place of Business	Mailing Address
411 SEABREEZE AVE. PALM BEACH, FL 33480	411 SEABREEZE AVE. PALM BEACH, FL 33480

07142004 Chg-LP CR2E003 (10/03)

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

4. FEI Number 65-1111070 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KASS, DOUGLAS A
411 SEABREEZE AVE.
PALM BEACH, FL 33480

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

9. Capital Contributions as Shown on record. $100,000.00

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	F01000003292	STREET ADDRESS	
NAME	SEABREEZE PARTNERS MANAGEMENT, INC.		
STREET ADDRESS	411 SEABREEZE AVE.	CITY-ST-ZIP	
CITY-ST-ZIP	PALM BEACH, FL 33480		
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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: X [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

July 16 2004 — Date

561.835.9439 — Daytime Phone #