

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED


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SECRETARY OF STATE
 TALLAHASSEE FLORIDA

11/11

DOCUMENT # B0200000109

1. Entity Name
 1500 CONCORD TERRACE LP



Principal Place of Business
 8 CAMPUS DRIVE, 4TH FLOOR
 PARSIPPANY, NJ 07054

Mailing Address
 8 CAMPUS DRIVE, 4TH FLOOR
 PARSIPPANY, NJ 07054

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

3. Mailing Address *no PRUDENTIAL PREI-LAW DEPT.*
 8 CAMPUS DRIVE, 4TH FLOOR
 Suite, Apt. #, etc.

City & State

Zip Country

07022004 Chg-LP CR2E003 (10/03) *814*

4. FEI Number
 APPLIED FOR *32-0010416*

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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.

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 #	M02000000841	STREET ADDRESS	
NAME	1500 CT LLC	CITY-ST-ZIP	
STREET ADDRESS	8 CAMPUS DRIVE, 4TH FLOOR		
CITY-ST-ZIP	PARSIPPANY, NJ 07054		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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: *[Signature]* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

BY STRATEGIC PERFORMANCE FUND II, INC., THE MANAGING MEMBER OF 1500 CT LLC