


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # B93000000186 1. Entity Name GORDON PROPERTY COMPANY, L.P., LTD.					
Principal Place of Business 23123 S. STATE ROAD 7, SUITE 301 BOCA RATON, FL 33428			Mailing Address 23123 S. STATE ROAD 7, SUITE 301 BOCA RATON, FL 33428		
2. Principal Place of Business Suite, Apt. # etc			3. Mailing Address Suite, Apt. #, etc		
City & State Zip Country			City & State Zip Country		
4. FEI Number 43-1511295			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 GORDON, JAMES N 23123 S. STATE ROAD 7, SUITE 301 BOCA RATON, FL 33428			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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record \$5,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	NAME		STREET ADDRESS		
NAME	GORDON, JAMES N		CITY - ST - ZIP		
STREET ADDRESS	23123 S. STATE ROAD 7, SUITE 301				
CITY - ST - ZIP	BOCA RATON, FL 33428				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	GORDON, RUTH H		CITY - ST - ZIP		
STREET ADDRESS	23123 S. STATE ROAD 7, SUITE 301				
CITY - ST - ZIP	BOCA RATON, FL 33428				
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
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)(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: _____ <small>SIGNATURE TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date _____ Daytime Phone # _____		

STAPLE CHECK HERE

000000135986
 04/29/04-80005-004 141.25