


2004 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2004****FILED****May 20, 2004 08:00 AM****Secretary of State**

DOCUMENT # B97000000346 1. Entity Name HIMMEL WEST PALM, L.P.	
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Principal Place of Business C/O THE RELATED COMPANIES, L.P. 625 MADISON AVENUE, LEGAL DEPARTMENT NEW YORK, NY 10022	Mailing Address C/O THE RELATED COMPANIES, L.P. 625 MADISON AVENUE, LEGAL DEPARTMENT NEW YORK, NY 10022
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01232004 Chg-LP CR2E003 (10/03)

4. FEI Number 04-3378575	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**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. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	F97000003620	STREET ADDRESS	
NAME	HIMMEL WEST PALM BEACH CORP.	CITY - ST - ZIP	
STREET ADDRESS	625 MADISON AVENUE, LEGAL DEPARTMENT		
CITY - ST - ZIP	NEW YORK, NY 10022		
DOCUMENT #		STREET ADDRESS	
NAME		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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

KENNETH HIMMEL, PRES.

Date

4/9/04

Daytime Phone #

212 421 5332

STAPLE CHECK HERE