

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

**DOCUMENT # B98000000175**

1. Entity Name  
**OLD HYDE PARK PROPERTIES LIMITED PARTNERSHIP**



**FILED**

**04 JUL -6 PM 12:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**C/O MADISON MARQUETTE REALTY SERVICES, LP  
7 WEST 7TH STREET, SUITE 1600  
CINCINNATI, OH 45202**

Mailing Address  
**P.O. BOX 3244  
TAMPA, FL 33601-3244**



2. Principal Place of Business  
**1850 M Street, NW  
Suite 1200**

3. Mailing Address  
**1850 M Street, NW  
Suite 1200**

01142004 Chg-LP CR2E003 (10/03)

City & State  
**Washington, DC  
Zip 20036 Country USA**

City & State  
**Washington, DC  
Zip 20036 Country USA**

4. FEI Number  
**31-1591175**

Applied For  
Not Applied

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 **\$17,600,000.00** 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 CITY-ST-ZIP	F98000001664 MRP DEVELOPMENT OHP, INC. 7 WEST 7TH STREET, SUITE 1620 CINCINNATI, OH 45202	STREET ADDRESS CITY-ST-ZIP	1850 M Street NW, Suite 1200 Washington, DC 20036
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE **Paul Andrews**

STAPLE CHECK HERE