2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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SIGNATURE:

Apr 27, 2004 08:00 AM Secretary of State **DOCUMENT # B99000000466** 1. Entity Name 57 N.E. 179TH PARTNERS, L.P. Mailing Address Principal Place of Business C/O ROBERT S. KAHN C/O ROBERT S. KAHN 798 CARROLL STREET 798 CARROLL STREET BROOKLYN, NY 11215 BROOKLYN, NY 11215 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03012004 CR2E003 (10/03) Chg-LP Applied For City & State 4. FFt Number City & State 65-0968960 Not Applicable \$8.75 Additional Fee Required Country Zιρ Ζip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KAHN, STEPHEN Street Address (P.O. Box Number is Not Acceptable) C/O CARTER W. HOPKINS 1200 BRICKELL AVENUE_ MIAMI, FL 33133 City 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 crimed name of registered agent and title it applicable. 10. Amount of Capital Contributions 9. Capital Contributions \$3,217,500,00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12. M99000002066 DOCUMENT # STREET ADDRESS KAHN MANAGEMENT LLC NAME C/O STEPHEN KAHN, 798 CARROLL STREET STREET ADDRESS CRTY-ST-ZIP U00000147004 BROOKLYN, NY 11215 CITY-ST-ZIP 05/03/04-80088-013 526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-TIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST- DP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. If hereby certify that the information supplied with this filling 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

TERABN D. KANN

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