


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000002409</b> 1. Entity Name 1229 PARTNERS, LLC	
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Principal Place of Business 1111 LINCOLN ROAD, SUITE 400 MIAMI BEACH, FL 33139	Mailing Address 1111 LINCOLN ROAD, SUITE 400 MIAMI BEACH, FL 33139
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**DO NOT WRITE IN THIS SPACE**



01222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0916587	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BELOFF, JONATHAN D ESQ 1111 LINCOLN ROAD, SUITE 400 MIAMI BEACH, FL 33139
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

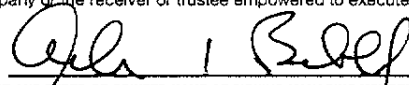
**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELOFF, JONATHAN D 1111 LINCOLN RD, SUITE 400 MIAMI BEACH, FL 33139
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000000022328  
01/30/04-80040-020 \$0.00

**DO NOT WRITE  
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **1-28-04 305-673-1101**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #