


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000004835</b>	
1. Entity Name <b>MIDDLE BEACH PARTNERSHIP, INC.</b>	

Principal Place of Business <b>975 41ST ST SUITE 401 MIAMI BEACH, FL 33140 US</b>	Mailing Address <b>975 41ST ST SUITE 401 MIAMI BEACH, FL 33140 US</b>
--	--



01072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0631457</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**GILLER, IRA  
975 41ST ST SUITE 401  
MIAMI BEACH, FL 33140**

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
---	------------

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD GOLDBERG, BARTON S 301 41ST ST. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GILLER, IRA 975 41ST ST. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SIEGEL, DAVID 545 41ST ST. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000114650  
04/15/04-80059-006 61.25

**DO NOT WRITE IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> 	<b>IRA GILLER, PRES.</b>	<b>4/12/04 (305) 538-6324</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>