2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000054311

1. Entity Name

FIRST PARTNERS REAL ESTATE CORPORATION



Principal Place of Business

11300 US HIGHWAY ONE

SUITE 203

N. PALM BEACH, FL 33408

Mailing Address

11300 US HIGHWAY ONE

SUITE 203

N. PALM BEACH, FL 33408



04-30-2004 90228 039 ***158.75



DO NOT WRITE IN THIS SPACE

02252004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1114914

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, DONALD W 11300 US HWY ONE SUITE 203 N. PALM BEACH, FL 33408

FRICKER, H M

11300 US HIGHWAY ONE SUITE 203

NORTH PALM BEACH, FL 33408

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8 The above	named entity submits this statement for the pr	urness of changing its register	ered office or	onistered agent or be	th in the State of Florids. Lam familiar	with and accort
	tions of registered agent.	arpose or changing its registe	sied office of t	egistered agent, or bo	in, in the State of Florida. If annual	witii, ано ассерт
SIGNATURE	Signature, typed or printed name of registered agent and title if	DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Fin. Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		· · · · · ·		
TITLE NAME . STREET ADDRESS CITY-ST-ZIP	D MILLER, DONALD W 2000 PGA BLVD. SUITE 4410 N. PÁLM BEACH, FL 33408					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, DONALD W 11300 US HIGHWAY ONE SUITE 203 NORTH PALM BEACH, FL 33408					
TITLE	С					* •

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)(i), 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 607, 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.

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NAME

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Max Fricker, Chairman 4/28/2004

(561) 625-1005

Daytime Phone #