

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004**

FILED


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SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/04

DOCUMENT # B0200000109

1. Entity Name
1500 CONCORD TERRACE LP



Principal Place of Business
8 CAMPUS DRIVE, 4TH FLOOR
PARSIPPANY, NJ 07054

Mailing Address
8 CAMPUS DRIVE, 4TH FLOOR
PARSIPPANY, NJ 07054

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address *no PRUDENTIAL PREI-LAW DEPT.*
8 CAMPUS DRIVE, 4TH FLOOR
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

07022004 Chg-LP CR2E003 (10/03) *814*

4. FEI Number
APPLIED FOR 32-0010416 Applied For Not Applicable

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. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	M02000000841	STREET ADDRESS	
NAME	1500 CT LLC	CITY-ST-ZIP	
STREET ADDRESS	8 CAMPUS DRIVE, 4TH FLOOR		
CITY-ST-ZIP	PARSIPPANY, NJ 07054		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

BY STRATEGIC PERFORMANCE FUND II, INC., THE MANAGING MEMBER OF 1500 CT LLC