


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

APPROVED  
AND  
FILED

04 MAY 10 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A02000000618</b>		
1. Entity Name <b>ABBY FINANCIAL PARTNERS, LTD.</b>		

Principal Place of Business <b>3100 N.E. 48TH STREET, SUITE 917 FORT LAUDERDALE FL 33308</b>	Mailing Address <b>3100 N.E. 48TH STREET, SUITE 917 FORT LAUDERDALE FL 33308</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	-Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



MOORE CR2E003 (11/03)

4. FEI Number: <b>71-088 2829</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>RUNCO, RICHARD 3100 N.E. 48TH STREET, SUITE 917 FORT LAUDERDALE FL 33308</b>	Name: Street Address (P.O. Box Number is Not Acceptable): City: <b>FL</b> 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. <b>\$990.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO: FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P01000104413 GATOR ASSOCIATES, INC. 3100 N.E. 48TH STREET, SUITE 917 FORT LAUDERDALE FL 33308</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>100037570841 06/02/04--01008--010 **141.25</b>
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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:**  **05-01-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE