


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

**FILED  
Mar 05, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # A04757</b> 1. Entity Name 7400 ASSOCIATES LTD.	
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Principal Place of Business 7400 N.W. 5TH STREET PLANTATION, FL 33317	Mailing Address 7400 N.W. 5TH STREET PLANTATION, FL 33317
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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

03022004	Chg-LP	CR2E003 (10/03)
4. FEI Number 59-2104490	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>	
TRUPKIN, DENIS P. 7400 N.W. 5TH ST. PLANTATION, FL 33317		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>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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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	NACHT, EDWARD S. 7400 N.W. 5TH ST. PLANTATION, FL	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	TRUPKIN, DENIS P. 7400 N.W. 5TH ST. PLANTATION, FL	STREET ADDRESS CITY - ST - ZIP	U00000090337 03/17/04-80014-001 141.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	BABYAK, GEORGE 7400 N.W. 5TH ST. PLANTATION, FL	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS 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)(f), 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:**  **3.03.04** **954-591-2883**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #