

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004


FILED

04 JUL 12 AM 10:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

MJH

DOCUMENT # A07090
 1. Entity Name
INDUSTRIAL AFFILIATES, LTD.



Principal Place of Business
 2850 N.W. 72ND AVE.
 MIAMI, FL 33122-1310


Mailing Address
 C/O LEONARD JAFFE
 P.O. BOX 300632 JFK AIRPORT
 JAMAICA, NY 11430

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

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



07062004 Chg-LP CR2E003 (10/03) 7/12

4. FEI Number
 59-1945890

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
JAFFE, LEONARD
2850 N.W. 72ND AVENUE
MIAMI, FL 33166

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. **\$30,000.00**

10: Amount of Capital Contributions in FLORIDA to date. **\$30,000.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	G95143900027 INDUSTRIAL INVESTORS, A FLA. GEN. PTSHP. 2850 N.W. 72ND AVENUE MIAMI, FL	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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: Leonard Jaffe **7/6/04** **718 656-7400**

SIGNATURE _____ DATE _____ DAYTIME PHONE # _____
Signature, typed or printed name of signing general partner