


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

**FILED
May 06, 2004 08:00 AM
Secretary of State**

DOCUMENT # A20864
1. Entity Name
MASSACHUSETTS AVENUE, LTD.



Principal Place of Business
8801 RIVER CROSSING BLVD.
NEW PORT RICHEY, FL 34655

Mailing Address
P.O. BOX 2108
ELFERS, FL 34680-2108

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



03092004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-2589078

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BRASHER, C. JOHN
8801 RIVER CROSSING BLVD.
NEW PORT RICHEY, FL 34655

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. \$92,745.04

10. Amount of Capital Contributions in FLORIDA to date.

**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	H77213 MASSACHUSETTS AVE INC 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655	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: _____ Date: 7-27-04 Daytime Phone #: 727-375-1155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER