2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

Due By September 8, 2004					FILED	
DOCUMENT # A22740					I I have been but	
	. Entity Name BALAS, LIMITED		•		04 OCT 22 PM 4: 04	
					SECRETALY DE STATE MUN.	
Principal Plac	ce of Business	Mailing Address			SESMETARY OF STATE BROWN. TALLAHASSEE FLORIDA	
121 EMERALD KEY LANE 121 EMERALD KEY LANE PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, F				2/10		
FALM DEAC	TOARDENS, LE 33410	PALINI DENGIT GARDEI	13, IL 3.	3410		
Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-M-1	08182004 Chg-LP CR2E003 (10/03)	
City & State		City & State		·	4. FE! Number Applied Fo	
Zip Country		Zip	Zip Country		NOT APPLICABLE Not Applicable 5. Certificate of Status Desired \$8.75 Additional	
	6. Name and Address of Current	Registered Agent -	<u></u>	<u> </u>	Certificate of Status Desired Fee Required Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of Not Registered Agent	
BALAS, EUNICE 121 EMERALD KEY LANE				Street Address (P.O. Box Number is Not Acceptable)		
PALM BEA	ACH, FL 33418					
				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						
Signature, typed or printed name of recistered event and tyle if applicable						
9. Capital Contributions as Shown on record. \$709,791.90 10. Amount of Capital Contributions in FLORIDA to date. 11. Amount of Capital Contributions in FLORIDA to date. 12. In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.						
		HAT IS A BUSINESS EI	NTITY M	IUST BE REGIST	TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION 13.				ADDRESS CHANGES ONLY		
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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: X Eunice Balas X 8/23/04						
SIGNAT	SIGNATURE: X W WILLE WILLIAM X 8 / 43 / 04					

Daylime Phone #