

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

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

|                                                                              |                                                                                   |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A30248</b><br>1. Entity Name<br>FEDERAL PLAZA ASSOCIATES, LTD. |  |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                 |                                                                                     |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Principal Place of Business<br>6700 NW BROKEN SOUND PARKWAY<br>SUITE 201<br>BOCA RATON FL 33487 | Mailing Address<br>6700 NW BROKEN SOUND PARKWAY<br>SUITE 201<br>BOCA RATON FL 33487 |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |



MOORE CR2E003 (11/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0201438 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>FAUST, MARC L<br>2699 S. BAYSHORE DR.<br>7TH FLOOR<br>MIAMI FL 33133 |
|-----------------------------------------------------------------------------------------------------------------------------|

|                                                    |
|----------------------------------------------------|
| 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.

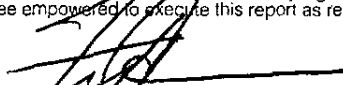
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable.

|                                                         |                                                         |                                                                                      |
|---------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------|
| 9. Capital Contributions as Shown on record. \$1,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION |
|---------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------|

**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 #                      | P00000033876                           | STREET ADDRESS           |  |
| NAME                            | FEDERAL PLAZA ASSOCIATES CORP          | CITY - ST - ZIP          |  |
| STREET ADDRESS                  | 6700 NW BROKEN SOUND PARKWAY, STE. 201 |                          |  |
| CITY - ST - ZIP                 | BOCA RATON FL 33487                    |                          |  |
| DOCUMENT #                      |                                        | STREET ADDRESS           |  |
| NAME                            |                                        | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                                        |                          |  |
| CITY - ST - ZIP                 |                                        |                          |  |
| DOCUMENT #                      |                                        | STREET ADDRESS           |  |
| NAME                            |                                        | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                                        |                          |  |
| CITY - ST - ZIP                 |                                        |                          |  |
| DOCUMENT #                      |                                        | STREET ADDRESS           |  |
| NAME                            |                                        | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                                        |                          |  |
| CITY - ST - ZIP                 |                                        |                          |  |
| DOCUMENT #                      |                                        | STREET ADDRESS           |  |
| NAME                            |                                        | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                                        |                          |  |
| CITY - ST - ZIP                 |                                        |                          |  |

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:**  **FRANK GULISANO** FEB 11 2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date Daytime Phone # 561-994-0919

STAPLE CHECK HERE