

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

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A92000000130**

1. Entity Name  
**THIRD AVENUE LIMITED PARTNERSHIP**



Principal Place of Business      Mailing Address  
**707 SE THIRD AVE.**      **707 SE THIRD AVE.**  
**SUITE 600**      **SUITE 600**  
**FT. LAUDERDALE, FL 33316**      **FT. LAUDERDALE, FL 33316**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc      Suite, Apt. # etc

City & State      City & State

Zip      Country      Zip      Country



04282004    Chg-LP    CR2E003 (10/03)

4. FEI Number      Applied For  
**65-0372158**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DISQUE, PHILIP A**  
**707 SE THIRD AVE., SUITE 400**  
**FT. LAUDERDALE, FL 33316**

**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 \_\_\_\_\_

9. Capital Contributions as Shown on record      **\$2,850,000.00**      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 #	<b>S32365</b>	STREET ADDRESS	
NAME	<b>THIRD AVENUE LEASING CORPORATION</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>707 SE THIRD AVE., SUITE 100</b>		
CITY - ST - ZIP	<b>FT. LAUDERDALE, FL 33316</b>		
DOCUMENT #		STREET ADDRESS	<b>1100000159185</b>
NAME		CITY - ST - ZIP	<b>05/10/04-80019-017 526.25</b>
STREET ADDRESS			
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STREET ADDRESS			
CITY - ST - ZIP			

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:  **Ray Ferraro, Jr.**      4/30/04      954-462-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER