2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE:

	FILE	D
		08:00 AM
Secr	etary	of State

(925) 675-1915

Daytime Phone #

DOCUMENT # A9300001452 1. Entity Name B'YACHAD INVESTMENT FUND, LTD.				Secretary of State				
1 '	ce of Business AYNE BLVD., 40TH FLOOR 33131	Mailing Address 200 S. BISCAYN MIAMI, FL 3313		I FLOOR				
2. Principal	Place of Business	3. Mailing Addres	s.					
Suite, Apt		Suite, Apt. #, et			01272004	Chg-LP		3 (10/03)
City & Sta	ale	City & State			4. FEI Number			Applied For
Zip	Country	Zip	Соцг	ntry	65-0456 5. Certificate of	793 F Status Desired		Not Applicable 8.75 Additional se Required
<u> </u>	6. Name and Address of Curre	nt Registered Agent	1	T .	7. Name and /	Address of New R	 	
				Name Street Address (P.O. Box Number is Not Acceptable)				
200 S. BI	EIN, RICHARD N ESQ. SCAYNE BLVD., 40TH FLOO	R						
MIAMI, FE	_ 33131							17. O. I.
				City			FL	Zip Code
	e named ontity submits this statemen ations of registered agent. Sgnature, typed or printed name of registered ag		iging its register		100 00011		DATE	
9. Capital C as Showr	on record. \$1,500,000.00		of Capital Contri IDA to date.	ibutions				
	A GENERAL PARTNER NOTE: General Partners I							
12.	GENERAL PARTI	IER INFORMATION	13.			ADDRESS CHA	ANGES ONLY	
DOCUMENT # NAME	APPLBAUM, YITZCHAK I		STF	REET ADDRESS				-v times
STREET ADDRESS CITY-ST-ZIP	837 LONG RIDGE ROAD OAKLAND, CA 94610		CIT	Y-ST-ZIP			0070132	I
DOCUMENT # NAME	KRASNOW, ANDREW H	ANDREW H		REET ADDRESS	02/28/04-80018-014 526.25			
STREET ADDRESS GITY-ST-ZIP	5 1221 1ST AVE. #209 SEATTLE, WA 98104		CIT	Y-ST-ZIP				
DOCUMENT # NAME	LIPPY, DAVID W		STF	REET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	5 5951 UPPER BREMO LANE NEW ALBANY, OH 43054		cu	Y-ST-ZIP				
DOCUMENT # NAME	NATHAN, JORDE M		377	REET ADDRESS				
STREET ADDRESS	5 190 LASALLE, STE 2600 CHICAGO, IL 60603		СП	Y-ST-ZIP	****			
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS	MEYER, ANTHONY		STF	PEET ADDRESS				
	30 ROCKFELLOW CENTER, NEW YORK, NY 10020	SUITE 6300	СП	Y-ST-ZIP				
DOCUMENT #			STA	REET ADDRESS				
STREET ADDRES CITY-ST-ZIP			<u> </u>	Y-ST-ZIP				
14. I hereby indicate the rece	y certify that the information supplied and on this report is true and accurate a series or trustee empowered to execute	with this filing does not o and that my signature sh this report as required	qualify for the ex all have the san by Chapter 620	emption stated in S ne legal effect as if , Florida Statutes	ection 119.07(3)(i made under oath;), Florida Statutes. that I am a Gener	I further certi al Partner of t	fy that the information he limited partnership o