


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

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

<b>DOCUMENT # A96000001048</b> 1. Entity Name THIRD AVENUE ASSOCIATES, LTD.	
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Principal Place of Business 300 S.E. 2ND STREET FT. LAUDERDALE FL 33301	Mailing Address 300 S.E. 2ND STREET FT. LAUDERDALE FL 33301
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2. Principal Place of Business Suite, Apt. #, etc City & State Zip	3. Mailing Address Suite, Apt. #, etc City & State Zip	Country	Country
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MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent  JONES, PATRICIA C/O STILES CORPORATION 300 S.E. 2ND STREET FT. LAUDERDALE FL 33301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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4. FEI Number 65-0669672	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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. \$6,828,573.24	10. Amount of Capital Contributions in FLORIDA to date \$6,828,573.24	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	A99000000463 S/ELA GP, LTD. 300 S.E. 2ND STREET FT. LAUDERDALE FL 33301	STREET ADDRESS CITY - ST - ZIP	
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05/13/04-80010-007 525.25

STAMPLE 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:  Patricia Jones  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 4-22-04 Daytime Phone #: 954-627-9350