


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

**FILED
Apr 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # A96000001408	
1. Entity Name S.R.S. ASSOCIATES, LTD.	

Principal Place of Business 501 BRICKELL KEY DRIVE, SUITE 103 MIAMI, FL 33131	Mailing Address 501 BRICKELL KEY DRIVE, SUITE 103 MIAMI, FL 33131
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



01292004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent SIMON, JEFFREY 501 BRICKELL KEY DRIVE, SUITE 103 MIAMI, FL 33131	
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4. FEI Number 59-1795229	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	SIMON, JEFFREY 501 BRICKELL KEY DRIVE, SUITE 103 MIAMI, FL 33131	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	U00000146676
NAME		CITY-ST-ZIP	05/03/04-80075-009 141.25
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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: Jeffrey Simon Date: 2/23/04 Daytime Phone #: 305 451-3452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER