


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 09, 2005 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIMON, JEFFREY 501 BRICKELL KEY DRIVE, SUITE 103 MIAMI, FL 33131				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$0.00			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 #	NAME			STREET ADDRESS	U00000295038 04/09/05 00011 025 141.25
NAME	SIMON, JEFFREY			CITY-ST-ZIP	
STREET ADDRESS	501 BRICKELL KEY DRIVE, SUITE 103			CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI, FL 33131			STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME			STREET ADDRESS	CITY-ST-ZIP
NAME				CITY-ST-ZIP	CITY-ST-ZIP
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f), 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: <u>Jeffrey Simon - JEFFREY SIMON</u>				Date: <u>3/18/05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Daytime Phone #</small> <u>305-451-3465</u>	



03142005 Chg-LP CR2E003 (10/03)

4. FEI Number **59-1795229** Applied For Not Applicable

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

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