

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000000683	
1. Entity Name FELDMAN ASSOCIATES, LTD.	

Principal Place of Business 23335 MIRABELLA CIRCLE NORTH BOCA RATON, FL 33433	Mailing Address 23335 MIRABELLA CIRCLE NORTH BOCA RATON, FL 33433
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2. Principal Place of Business	3. Mailing Address
Suite, Apt # etc	Suite, Apt # etc
City & State	City & State
Zip	Country



02162004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0819311	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREENFIELD, WILLIAM C/O GREENFIELD KATZ DEVELOPMENT COMPANY 2300 GLADES ROAD, SUITE 100-E BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Signature typed or printed name of registered agent and fee preparer	DATE
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9. Capital Contributions as Shown on record \$6,000,000.00	10. Amount of Capital Contributions in FLORIDA to date
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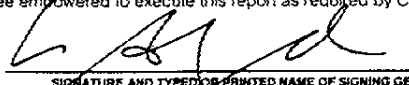
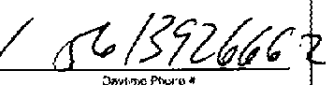
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	FELDMAN, RUTH	STREET ADDRESS	
NAME	23335 MIRABELLA CIRCLE NORTH	CITY - ST - ZIP	
STREET ADDRESS	BOCA RATON, FL 33433		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 	2/18/04 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	DATE Daytime Phone #