

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # B01000000117		
1. Entity Name ASTRAZENECA LP		

Principal Place of Business 1800 CONCORD PIKE WILMINGTON, DE 19850	Mailing Address 1800 CONCORD PIKE LEGAL DEPT. WILMINGTON, DE 19850-5437
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04272004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State 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 must be signed name of registered agent and filed separately)

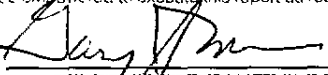
9. Capital Contributions as Shown on record. \$136,707,093.00	10. Amount of Capital Contributions in FLORIDA to date. \$14,642,942
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY 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 #	B00000000085	STREET ADDRESS	
NAME	ASTRAZENECA PHARMACEUTICALS LP	CITY- ST- ZIP	
STREET ADDRESS	1800 CONCORD PIKE		
CITY- ST- ZIP	WILMINGTON, DE 19850		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
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CITY- ST- ZIP			

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05/07/04-80024-022 526.25

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:  **Gary J. Marini** **04/27/04**
Assistant Secty. (302)886-3731

STAPLE CHECK HERE