
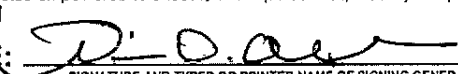


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000359</b>					
1. Entity Name <b>ALEXANDER SECURITIES, LTD.</b>					
Principal Place of Business <b>10910 JUNIPERUS PLACE TAMPA, FL 33618</b>		Mailing Address <b>10910 JUNIPERUS PLACE TAMPA, FL 33618</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3432120</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ALEXANDER, WILLIAM O 10910 JUNIPERUS PLACE TAMPA, FL 33618</b>				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 _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$5,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>1,409,067</b>		<b>526.25</b>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME			STREET ADDRESS	
NAME	ALEXANDER, WILLIAM O			CITY - ST - ZIP	
STREET ADDRESS	10910 JUNIPERUS PLACE				
CITY - ST - ZIP	TAMPA, FL 33618				
DOCUMENT #	NAME			STREET ADDRESS	
NAME	ALEXANDER, YVONNE				
STREET ADDRESS	10910 JUNIPERUS PLACE				
CITY - ST - ZIP	TAMPA, FL 33618				
DOCUMENT #	NAME			STREET ADDRESS	
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #	NAME			STREET ADDRESS	
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STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #	NAME			STREET ADDRESS	
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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: 				3/16/04 813-264-0844	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	



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