


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 4, 2004**

<b>DOCUMENT # A00000000046</b>	
1. Entity Name <b>LIEDTKE ASSOCIATES, LTD.</b>	

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR 29 AM 8:35

Principal Place of Business <b>530 TWIN LAKES DRIVE TITUSVILLE FL 32780</b>	Mailing Address <b>530 TWIN LAKES DRIVE TITUSVILLE FL 32780</b>
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2. Principal Place of Business <b>615 LAKESIDE CIRCLE</b>	3. Mailing Address <b>615 LAKESIDE CIRCLE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>POMPANO BEACH, FLORIDA</b>	City & State <b>POMPANO BEACH, FLORIDA</b>
Zip <b>33060</b>	Country <b>USA</b>

MOORE CR2E003 (11/03) <b>81-0619202-6/24/2003</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>NO-T APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>LIEDTKE, NORMAN H 530 TWIN LAKES DRIVE TITUSVILLE FL 32780</b>  <b>NOTE: ADDRESS CHANGE TO POMPANO BEACH WAS DONE BY CERTIFICATE OF AMENDMENT FILED FEB 20, 2004</b>
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ DATE _____

9. Capital Contributions as Shown on record. <b>\$360,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #		STREET ADDRESS	<b>615 LAKESIDE CIRCLE</b>
NAME	<b>LIEDTKE, NONI M</b>	CITY-ST-ZIP	<b>POMPANO BEACH, FL 33060</b>
STREET ADDRESS	<b>530 TWIN LAKES DRIVE</b>		
CITY-ST-ZIP	<b>TITUSVILLE FL</b>		
DOCUMENT #		STREET ADDRESS	<b>615 LAKESIDE CIRCLE</b>
NAME	<b>LIEDTKE, NORMAN H</b>	CITY-ST-ZIP	<b>POMPANO BEACH, FL 33060</b>
STREET ADDRESS	<b>530 TWIN LAKES DRIVE</b>		
CITY-ST-ZIP	<b>TITUSVILLE FL</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	<b>700032717187</b>
STREET ADDRESS			<b>04/14/04 01015 007 **526.25</b>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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
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**SIGNATURE:** Norman H. Liedtke **NORMAN H. LIEDTKE** **MARCH 25 2004** **954-941-8958**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #