


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR -4 AM 11:57

DOCUMENT # A0000001214

1. Entity Name
 CUADRA ASSET MANAGEMENT, LTD.



Principal Place of Business
 330 REDWOOD LANE
 KEY BISCAZYNE, FL 33149

Mailing Address
 330 REDWOOD LANE
 KEY BISCAZYNE, FL 33149

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country



02272004 Chg-LP CR2E003 (10/03)

4. FEI Number
 65-1043695

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LAW OFFICES OF SETH E. ELLIS, P.A.
 2600 NORTH MILITARY TRAIL, SUITE 290
 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name: Gabriel H. DeCuadra
 Street Address (P.O. Box Number is Not Acceptable): 330 Redwood Lane
 City: Key Biscayne FL Zip Code: 33149

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: Gabriel H. DeCuadra DATE: 2/27/04

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$160,000.00

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 CITY-ST-ZIP	P00000073549 CUADRA MANAGEMENT CORP. 330 REDWOOD LANE KEY BISCAZYNE, FL 33149	STREET ADDRESS	
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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 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: Gabriel H. DeCuadra DATE: 2/27/04 DAYTIME PHONE #: (305) 361-5425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER