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

STAPLE CHĒCK HEAE

DOCUMENT # A0100000711 1. Entity Name 200 EAST LIMITED									2004 APR 2:		
Principal Place of Business 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 Mailing Address 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 3								SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business 3. Mailing Ac					ng Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01192004	Chg-LP	CR2E00	03 (10/03)	
City & State				City & State				4. FEI Numbe			Applied For Not Applicable
Zip	Country			Zip Cou		Countr	у		of Status Desired		8.75 Additional ee Required
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent				
AMERA PROPERTIES, INC. 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065						-	Name AmeraTal, Inc. Street Address (P.O. Box Number is Not Acceptable) 2900 University Drive				
/							City Coral Springs FL 33005				
8. The above named entity subfinits his 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 George Rahael, President 4/16/04 Signature. hyperdar pyther pame of registered agent and title If applicable. DATE											
9. Capital Contributions as \$7,500.00 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 general Partner INFORMATION						e form; 13.	an amendmen	t must be file	ADDRESS CHA		
!						STREET	ADDRESS		, , , , , , , , , , , , , , , , , , , ,		-
STREET ADDRESS 2900 UNIVERSITY DRIVE				CITY			ST-ZIP				
DOCUMENT #	CORAL SPRINGS, FL 33065 COCUMENT #					CIDEE	ADDRESS	6.7 00 7 7	000358 0/0401038	30,1,2	276
NAME STREET ADDRESS							<u> </u>	0.57.11	7/0401038	023	**150.00
CITY-ST-ZIP DOCUMENT #						CHY-S	01-217				
NAME						STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP		_				CITY-S	ST-ZIP				
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DOCUMENT #			, , , , , , , , , , , , , , , , , , , ,		****	STREET	ADDRESS				
NAME STREET ADDRESS						CITY-S	ST-ZIP				
14. I hereby ce	ertify that the	information	supplied with t	his filing does r	not qualify for	the exem	ption stated in Se	ction 119.07(3)(), Florida Statutes. I	further certi	fy that the information
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 empowers to execute this report as required by Chapter 620, Florida Statutes											
SIGNATURE:							rge Rahae sident		/16/04	95/	-753-9500