


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

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000001719</b>	
1. Entity Name 980 ASSOCIATES LIMITED PARTNERSHIP	

Principal Place of Business 980 NORTH FEDERAL HIGHWAY STE. 400 BOCA RATON, FL 33432	Mailing Address 980 NORTH FEDERAL HIGHWAY STE. 400 BOCA RATON, FL 33432
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01122004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2518252	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent	
DICKENSON, DAVID B 980 NORTH FEDERAL HIGHWAY STE. 400 BOCA RATON, FL 33432	

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
-----------	------

9. Capital Contributions as Shown on record. \$4,836,000.00	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	
STREET ADDRESS	COMPARATO, ANTHONY J	CITY-ST-ZIP	000000156534
CITY-ST-ZIP	980 NORTH FEDERAL HIGHWAY STE. 400 BOCA RATON, FL 33432		05/06/04-80001-016 526.25
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	COMPARATO, ROBERT	CITY-ST-ZIP	
CITY-ST-ZIP	980 NORTH FEDERAL HIGHWAY STE. 400 BOCA RATON, FL 33432		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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)(f), 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	DATE	Daytime Phone #
<i>Robert Comparato</i>	4-20-04	561-391-4040

STAPLE CHECK HERE