


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
May 06, 2005 08:00 AM
Secretary of State**

DOCUMENT # A02000001719
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: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

04182005 Chg-LP CR2E003 (10/03)
4. FEI Number: 59-2518252 Applied For: Not Applicable
5. Certificate of Status Desired: \$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: _____
Signature, typed or printed name of registered agent and title if applicable.

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	
	COMPARATO, ANTHONY J		
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY STE. 400	CITY-ST-ZIP	
CITY-ST-ZIP	BOCA RATON, FL 33432		
DOCUMENT #	NAME	STREET ADDRESS	
	COMPARATO, ROBERT		
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY STE. 400	CITY-ST-ZIP	
CITY-ST-ZIP	BOCA RATON, FL 33432		
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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: Robert Comparato ROBERT COMPARATO 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #