


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**

**Feb 03, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # A02018</b>		
1. Entity Name <b>WAREHOUSE ASSOCIATES, LIMITED</b>		

Principal Place of Business <b>100 LAKESHORE DRIVE, APT. 556 NORTH PALM BEACH FL 33408</b>	Mailing Address <b>100 LAKESHORE DRIVE, APT. 556 NORTH PALM BEACH FL 33408</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number <b>59-1475188</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>COOPERMAN, MONROE L. 100 LAKESHORE DRIVE, APT. 556 NORTH PALM BEACH FL 33408</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>\$150,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>150,000.</b>	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 #	COOPERMAN, MONROE L	STREET ADDRESS	
NAME	100 LAKESHORE DRIVE, APT. 556	CITY - ST - ZIP	
STREET ADDRESS	NORTH PALM BEACH FL 33408		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	000000070472
NAME		CITY - ST - ZIP	02/28/04-80025-006 535.00
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
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)(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:** *Monroe L. Cooperman* **MONROE L. COOPERMAN** **1/29/04** **561-622-4566**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE