


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

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

DOCUMENT # A02018				
1. Entity Name WAREHOUSE ASSOCIATES, LIMITED				
Principal Place of Business 100 LAKESHORE DRIVE, APT. 556 NORTH PALM BEACH FL 33408		Mailing Address 100 LAKESHORE DRIVE, APT. 556 NORTH PALM BEACH FL 33408		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc		Suite, Apt. #, etc		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1475188
				Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent COOPERMAN, MONROE L. 100 LAKESHORE DRIVE, APT. 556 NORTH PALM BEACH FL 33408			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.	\$150,000.00	10. Amount of Capital Contributions in FLORIDA to date.	150,000.		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.**

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME COOPERMAN, MONROE L.	STREET ADDRESS	
	STREET ADDRESS 100 LAKESHORE DRIVE, APT. 556		
	CITY - ST - ZIP NORTH PALM BEACH FL 33408		
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02/28/04-80025-006 535.00

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 Date: *1/29/04* 1/29/04 561-622-4566 Daytime Phone #