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

DOCUMENT # A0300000186  1. Entity Name GLADES PARTNERS LIMITED			04 MAY -3 PM 6:31
Principal Place of Business  1515 NORTH FEDERAL HIGHWAY SUITE 306 BOCA RATON, FL 33432  Mailing Address 1515 NORTH FEDERAL IS SUITE 306 BULL 306 BOCA RATON, FL 33432			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business     3. Mailing Address			
Suite, Apt. #, etc. Suite, Apt. #, etc.			01062004 Chg-LP CR2E003 (10/03)
City & State City & State			4. FEI Number Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  KAMRADT, RUSSELL T ESQ. 11641 KEW GARDENS AVENUE SUITE 207 PALM BEACH GARDENS, FL 33410		Street Address 15.1 Sui	7. Name and Address of New Registered Agent  k A. Gensheimer (P.O. Box Number is Not Acceptable)  5. N. Federal Highway  te 306
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title If applicable.  9. Capital Contributions  10. Amount of Capital Contributions			a_Raron
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 12. GENERAL PARTNER INFORMATION 13.			ADDRESS CHANGES ONLY
NAME GLADES PARTNERS, INC. STREET ADDRESS 1515 NORTH FEDERAL HIGHWAY SLITE 306		STREET ADDRESS CITY-S1-ZIP	
NAME Street address		STREET ADDRESS CITY-ST-ZIP	000036544490 05/18/0401032002 **141.25
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14. I hereby certify that the information supplied with this filing does not chalify 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:  SIGNATURE:  Date  Date  Description Statutes I further certify that the information 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:  Date Description 19.07(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:  Date Date Date Date Date Date Date Date			

Mark A. Gensheimer, President Glades Partners, Inc., General Partner Glades Partners Limited