

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000000226	
1. Entity Name TAUB ASSOCIATES, LTD.	
Principal Place of Business 103 QUAYSIDE DRIVE JUPITER, FL 33477	Mailing Address 103 QUAYSIDE DRIVE JUPITER, FL 33477



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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2. Principal Place of Business		3. Mailing Address		01202004	Chg-LP	CR2E003 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		
City & State		City & State		Applied For		
Zip		Zip		Not Applicable		
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TAUB, SHELDON J 103 QUAYSIDE DRIVE JUPITER, FL 33477		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. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	TAUB, SHELDON J		
	103 QUAYSIDE DRIVE		
	JUPITER, FL 33477		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	TAUB, ADRIENNE C		
	103 QUAYSIDE DRIVE		
	JUPITER, FL 33477		
DOCUMENT #	NAME	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: *X Sheldon J Taub* *X 1/22/04* *X 561-744-2200*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE