


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 APR 19 PM 2:14

DOCUMENT # A03000001641					
1. Entity Name 430 PALM BEACH ASSOCIATES, LIMITED PARTNERSHIP					
Principal Place of Business 430 N.W. 6TH AVE. BOYNTON BEACH, FL 33433		Mailing Address 430 N.W. 6TH AVE. BOYNTON BEACH, FL 33433			
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 30-0412786	Applied For: Not Applicable
6. Name and Address of Current Registered Agent ROBINSON, JASON E 430 N.W. 6TH AVE. BOYNTON BEACH, FL 33433			7. Name and Address of New Registered Agent Name N/A 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$7,500.00		10. Amount of Capital Contributions in FLORIDA to date. 7,500.00			
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 #	L03000045486		STREET ADDRESS	N/A	
NAME	430 PALM BEACH LLC		CITY-ST-ZIP		
STREET ADDRESS	430 N.W. 6TH AVE.		STREET ADDRESS	600035819786	
CITY-ST-ZIP	BOYNTON BEACH, FL 33433		CITY-ST-ZIP	05/10/04--01069--019 **141.25	
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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)(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: JASON E ROBINSON		GENERAL PARTNER		3-13-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	

STAPLE CHECK HERE