Due	RTNERSHIP ANNUAL REP By May 1, 2008	Feb 15, 2008 08:00 A
DOCUMENT # A0500002000 1. Entity Name 3204 ASSOCIATES, LTD.		Secretary of State
Principal Place of Business 18851 NE 29 AVENUE SUITE 101 AVENTURA, FL 33180	Mailing Address 18851 NE 29 AVENUE SUITE 101 AVENTURA, FL 33180	
DO NOT W	RITE IN THIS SPACI	01222008 No Chg-LP CR2E003 (12/06)
6. Name and Address ROUSSO, MARK E 18851 NE 29 AVENUE SUITE 900 AVENTURA, FL 33180	of Current Registered Agent	DO NOT WRITE IN THIS SPACE
the obligations of registered agent. SIGNATURE Signature, typed or printed name of After	registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 May 1, 2008, Fee will be \$900.00	flice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept DATE T BE REGISTERED AND ACTIVE WITH THIS OFFICE.
12. GENER DOCUMENT # P05000122229 NAME 3204 ASSOCIATES, # STREET ADDRESS 18851 NE 29 AVENUE CITY-ST-ZIP AVENTURA, FL 3318 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	AL PARTNER INFORMATION NC. E STE 101	n amendment must be filed to change a general partner. U00000830123 02/26/08-90071-002 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS		
CITY-ST-ZIP 14. I hereby certify that the information indicated on this report is true and a or the receiver or trustee empowere SIGNATURE:	supplied with this filling does not qualify for the exemp ccurate and that my signature shall have the same leg d to execute this port as required by Chapter 620, Fig	otions contained in Chapter 119, Florida Statutes. I further certify that the information al effect as if made under oath; that I am a General Partner of the limited partnership orida Statutes

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