


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # A05624 1. Entity Name STUZIN ASSOCIATES, LIMITED	
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Principal Place of Business 220 ALHAMBRA CIRCLE, SUITE 700 CORAL GABLES, FL 33134	Mailing Address 220 ALHAMBRA CIRCLE, SUITE 700 CORAL GABLES, FL 33134
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2. Principal Place of Business		3. Mailing Address		02122004 Chg-LP CR2E003 (10/03)	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number 59-1843484	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STUZIN, CHARLES B. 220 ALHAMBRA CIRCLE, SUITE 700 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>
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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 \$6,000.00	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 #	P00000111376	STREET ADDRESS	
NAME	STUZIN ENTERPRISES, INC.	CITY-ST-ZIP	
STREET ADDRESS	220 ALHAMBRA CIRCLE, SUITE 700 ✓		
CITY-ST-ZIP	CORAL GABLES, FL 33134		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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03/10/04-80008-001 141.25

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:

Charles B. Stuzin
Charles B. Stuzin, President 2/17/04 (305) 774-0454