


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY -7 PM 3:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A06928 1. Entity Name NANDA ASSOCIATES LTD	
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Principal Place of Business 600 W. 84TH STREET HIALEAH, FL 33014	Mailing Address 600 W. 84TH STREET HIALEAH, FL 33014
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2. Principal Place of Business 13643 DEERING BAY DRIVE Suite, Apt. #, etc. #155	3. Mailing Address 13643 DEERING BAY DRIVE Suite, Apt. #, etc. #155
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City & State CORAL GABLES, FL	City & State CORAL GABLES, FL	4. FEI Number 59-1870622	Applied For <input type="checkbox"/> Not Applicable
Zip 33158-2823	Country UNITED STATES	Zip 33158-2823	Country UNITED STATES



03312004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent LEVIN, LEWIS M 600 WEST 84TH STREET HIALEAH, FL 33014	7. Name and Address of New Registered Agent Name LEVIN, BARBARA C. Street Address (P.O. Box Number is Not Acceptable) 13643 DEERING BAY DRIVE, #155 City CORAL GABLES FL Zip Code 33158-2823
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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 Barbara C. Levin DATE 4/30/04

9. Capital Contributions as Shown on record. \$40,000.00	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 #	LEVIN, LEWIS M	STREET ADDRESS	13643 DEERING BAY DRIVE #155
NAME	13643 DEERING DAY DR. #155	CITY-ST-ZIP	CORAL GABLES, FL 33158-2823
STREET ADDRESS	CORAL GABLES, FL 33155	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	500037575515 06/02/04--01036--016 **368.75
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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: Barbara C. Levin DATE 4/30/04 DAYTIME PHONE # 305.232.1545