

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**


**FILED**

04 JUL 12 AM 10:40

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**MJH**

**DOCUMENT # A07090**  
 1. Entity Name  
**INDUSTRIAL AFFILIATES, LTD.**



Principal Place of Business  
 2850 N.W. 72ND AVE.  
 MIAMI, FL 33122-1310


Mailing Address  
 C/O LEONARD JAFFE  
 P.O. BOX 300632 JFK AIRPORT  
 JAMAICA, NY 11430

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



07062004 Chg-LP CR2E003 (10/03) 7/12

**6. Name and Address of Current Registered Agent**

JAFFE, LEONARD  
 2850 N.W. 72ND AVENUE  
 MIAMI, FL 33166

**7. Name and Address of New Registered Agent**

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. **\$30,000.00**

10: Amount of Capital Contributions in FLORIDA to date. **\$30,000.00**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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	G95143900027 INDUSTRIAL INVESTORS, A FLA. GEN. PTSHP. 2850 N.W. 72ND AVENUE MIAMI, FL	STREET ADDRESS CITY-ST-ZIP	
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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:** *Leonard Jaffe* **Leonard Jaffe** **7/6/04** **718 656-7400**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
Signature, typed or printed name of signing general partner