


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

526.25

| | | |
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| DOCUMENT # A08690 | |  |
| 1. Entity Name VILLAGE SHOPPES ASSOCIATES, LTD. | | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 12 PM 12:38

| | |
|---|---|
| Principal Place of Business 701 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131 | Mailing Address 701 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131 |
|---|---|



MOORE CR2E003 (11/03)

| | | | |
|--|---------|--|---------|
| 2. Principal Place of Business 703 Waterford Way | | 3. Mailing Address 703 Waterford Way | |
| Suite, Apt. #, etc. Suite 800 | | Suite, Apt. #, etc. Suite 800 | |
| City & State Miami, FL | | City & State Miami, FL | |
| Zip 33126 | Country | Zip 33126 | Country |

| | |
|---|---|
| 4. FEI Number 59-1984212 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent PITTS, W. DOUGLAS 701 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131 | |
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|--|--------------------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | 703 Waterford Way |
| | Suite 800 |
| City | Miami FL |
| Zip Code | 33126 |

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.


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| 9. Capital Contributions as Shown on record. \$1,000,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
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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 # | 249850 | STREET ADDRESS | 703 Waterford Way, Suite 800 |
| NAME | COURTELIS COMPANY | CITY-ST-ZIP | Miami, FL 33126 |
| STREET ADDRESS | 701 BRICKELL AVENUE, SUITE 1400 | | |
| CITY-ST-ZIP | MIAMI FL 33131-2822 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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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:  **Douglas H. Ridgway** **Treasurer** **3/3/04** **305-261-4330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE