


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

DOCUMENT # A09181 1. Entity Name KALAMAZOO ASSOCIATES, LTD.	
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FILED

04 APR 29 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

Principal Place of Business 230 S BROAD STREET MEZZANINE PHILADELPHIA PA 19102	Mailing Address 230 S BROAD STREET MEZZANINE PHILADELPHIA PA 19102
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 13-3034443	Applied For <input type="checkbox"/> Not Applicable
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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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$3,255,000.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	A93000001120 BUSTER BOYNTON BEACH ASSOCIATES, L.P. 230 SOUTH BROAD STREET PHILADELPHIA PA	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	600035840956 05/10/04--01125--017 **2311.25
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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: *Edward Lipkin, Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **EDWARD LIPKIN, PRES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **EBL & S, INC.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **BUSTER BOYNTON BEACH ASSOCIATES, L.P.** **4/23/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **G.P.** **215 790 4716**
Date Daytime Phone #

STAPLE CHECK HERE