


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

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A09848</b>			
1. Entity Name <b>COLD STORAGE ASSOCIATES, LTD.</b>			
Principal Place of Business <b>500 N.E. 185TH ST MIAMI FL 33179</b>		Mailing Address <b>500 N.E. 185TH ST MIAMI FL 33179</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt # etc	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>KREISBERG MANAGEMENT CO., INC. 500 NE 185TH STREET MIAMI FL 33179</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. <b>\$680,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>L90385 KREISBERG MGMT CO., INC. 500 N.E. 185TH ST MIAMI FL 33179</b>	STREET ADDRESS CITY - ST - ZIP	
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MOORE CR2E003 (11/03)

4. FEI Number **59-2041065** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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:**

*Julian Kreisberg*  
**JULIAN KREISBERG**

**4/23/04**

**705 653 6678**

STAPLE CHECK HERE