


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
Due By May 1, 2004

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A11740</b>			
1. Entity Name ASA, LTD.			
Principal Place of Business 2700 WESTHALL LANE, SUITE 140 MAITLAND, FL 32751		Mailing Address 2700 WESTHALL LANE, SUITE 140 MAITLAND, FL 32751	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04012004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2157465	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
ATKINS, ROBERT B. 2700 WESTHALL LANE SUITE 140 MAITLAND, FL 32751		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$3,215,793.50</b>	10. Amount of Capital Contributions in FLORIDA to date.
--	---

**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	
	ATKINS, ROBERT B		
	STREET ADDRESS		
	451 VICTOR AVE.		
	CITY - ST - ZIP		
	LONGWOOD, FL 32750		
			000000125919
			04/29/04-80004-015 526.25
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY - ST - ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY - ST - ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY - ST - ZIP		

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:**  **Robert B. Atkins Jr** **4/1/04** **407-875-8040**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #