

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

ck #3380
 4/21/04
 04 APR 30 AM 8:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01072004 Chg-LP CR2E003 (10/03)

DOCUMENT # A11903 1. Entity Name EVERGLADES ROAD ASSOCIATES, LTD.					
Principal Place of Business P. O. BOX 49948 SARASOTA, FL 34230-6948			Mailing Address 395 COMMERCIAL COURT, SUITE A VENICE, FL 34292		
2. Principal Place of Business		3. Mailing Address 333 S. Tamiami Trail Suite 101 City & State Venice, FL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2151176	
City & State		City & State Venice, FL		Applied For Not Applicable	
Zip	Country	Zip 34285	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSSELL, JEFFREY S. 240 SOUTH PINEAPPLE AVE 10TH FLOOR SARASOTA, FL 34236				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$932,134.00		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 CITY-ST-ZIP	F42877 TARUE CORP. P. O. BOX 49948 N/A SARASOTA, FL 342306948		STREET ADDRESS CITY-ST-ZIP	400036060234 05/11/04--01062--002 **526.25	
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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:			4/27/04 941-441-1380 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE