


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

487.75

DOCUMENT # A12305	
1. Entity Name JAYAL ASSOCIATES LIMITED PARTNERSHIP	

FILED
 2004 APR 22 PM 3:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 100 JERICHO QUADRANGLE, #214 C/O THE NEWKIRK GROUP JERICHO NY 11753	Mailing Address 100 JERICHO QUADRANGLE, #214 C/O THE NEWKIRK GROUP JERICHO NY 11753
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MOORE CR2E003 (11/03)

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 13-3105550	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$56,896.50	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 #	M97000000633	STREET ADDRESS	
NAME	CHADER ASSOCIATES LLC	CITY-ST-ZIP	
STREET ADDRESS	100 JERICHO QUADRANGLE, #214		
CITY-ST-ZIP	JERICHO NY 11753		
DOCUMENT #		STREET ADDRESS	300035831933
NAME		CITY-ST-ZIP	05/10/04--01112--001 **487.75
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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 I, the undersigned, shall have the same signed as 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: *Michael Ashner* **516**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Michael Ashner** **4/14/04** **822002**
 Date Daytime Phone #

STAPLE CHECK HERE