


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

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A13170 1. Entity Name ORANGE PARK ASSOCIATES, LTD.	
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Principal Place of Business 6400 POWERS FERRY ROAD, N.W. SUITE 224 ATLANTA, GA 30339	Mailing Address 3753 CARDINAL POINT DR. SUITE 1 JACKSONVILLE FL 32257
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E003 (11/03)

4. FEI Number 58-1492727	Applied For 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	7. Name and Address of New Registered Agent
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BARRY J. GOLDSTEIN GOLDSTEIN REALTY GROUP, INC 1300 RIVERPLACE BLVD STE 105 JACKSONVILLE FL 32207	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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9. Capital Contributions as Shown on record. \$960.00	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 #		STREET ADDRESS	
NAME	KRITZER, CRAIG H.	CITY-ST-ZIP	
STREET ADDRESS	6400 POWERS FERRY RD 224		
CITY-ST-ZIP	ATLANTA GA		
DOCUMENT #		STREET ADDRESS	
NAME	LEVICK, MARK J.	CITY-ST-ZIP	
STREET ADDRESS	6400 POWERS FERRY RD 224		
CITY-ST-ZIP	ATLANTA GA		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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03/15/04-80014-024 141.25

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 820, Florida Statutes

SIGNATURE: *Barry J. Goldstein, as Agent* **2/23/04** **904367-0009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

STAPLE CHECK HERE