

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

Mar 04, 2004 08:00 AM

DOCUMENT # A17605
 1. Entry Name
 INVERNESS ASSOCIATES, LTD.



CK# _____
 DATE 2/25/04 Secretary of State
 AMT \$ 526.25
 CODE 6180

Principal Place of Business: 3109 STIRLING ROAD, SUITE 200 FORT LAUDERDALE, FL 33312
 Mailing Address: 3109 STIRLING ROAD, SUITE 200 FORT LAUDERDALE, FL 33312



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

02132004 Chg-LP CR2E003 (10/03)

City & State: _____
 City & State: _____

4. FEI Number: 23-2309986 Applied For: Not Applicable

Zip: _____ Country: _____
 Zip: _____ Country: _____

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

6. Name and Address of Current Registered Agent
 HOLLANDER, DAVID G
 3109 STIRLING RD, SUITE 200
 FT LAUDERDALE, FL 33312

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: \$7,932,500.00
 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 #	P94000084207	STREET ADDRESS	
NAME	INVERNESS REALTY CORP. ✓	CITY-ST-ZIP	
STREET ADDRESS	3109 STIRLING RD., SUITE 200		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		
DOCUMENT #		STREET ADDRESS	U00000087302
NAME		CITY-ST-ZIP	03/15/04-80005-023 526.25
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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)(f), 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: [Signature] _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date: _____ Daytime Phone #: _____