2004 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2004 SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A17742** DELTONA ASSOCIATES, LTD. 04 JAN 28 PM 1: 34 Principal Place of Business Mailing Address 21170 N.E. 22ND COURT 21170 N.E. 22ND COURT MIAMI, FL 33180 MIAMI, FL 33180 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01102004 CR2E003 (10/03) City & State 4. FEI Number Applied For City & State 59-2459741 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSEN, LAWRENCE N Street Address (P.O. Box Number is Not Acceptable) 21170 N.E. 22ND COURT MIAMI, FL 33180 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 Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$2,880,000.00 in FLORIDA to date. as Shown on record. \$2,880,000.0<u>0</u> 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. DOCUMENT # STREET ADDRESS LOPATE, JOEL L NAME 11000 S.W. 64TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 700027709267 DOCUMENT # STREET ADDRESS 01/28/04--01019--010 **526.25 LORBER, EZRA 2125 N.E. 187TH STREET STREET ADORESS CITY-ST-ZIP CITY-SI-ZIP N. MIAMI BEACH, FL DOCUMENT # STREET ADDRESS NAME ROLLNICK, NEIL STEVEN STREET ADDRESS 6545 S.W. 100TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL DOCUMENT # STREET ADDRESS ROSEN, LAWRENCE N NAME 21170 N.E. 22ND COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH, FL DOCUMENT # STREET ADDRESS CHECK NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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 empoweled to execute this report as required by Chapter 620 Florida Statutes

Lawrence N. Rosen

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

305/932-9955

Daytime Phone #