

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

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A17792</b>	
<b>1. Entity Name</b> CENLAND ASSOCIATES LIMITED PARTNERSHIP	

<b>Principal Place of Business</b> 100 JERICHO QUADRANGLE, #214 C/O THE NEWKIRK GROUP JERICHO NY 11753	<b>Mailing Address</b> 100 JERICHO QUADRANGLE, #214 C/O THE NEWKIRK GROUP JERICHO NY 11753
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt #, etc		Suite, Apt # etc	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

<b>4. FEI Number</b> 13-3248165	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  THE PRENTICE HALL CORPORATION SYSTEM 1201 HAYS ST., SUITE 105 TALLAHASSEE FL 32301
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<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ Signature typed or printed name of registered agent and title if applicable **DATE** \_\_\_\_\_

<b>9. Capital Contributions as Shown on record</b> \$159,599.00	<b>10. Amount of Capital Contributions in FLORIDA to date</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP	GP9700000090 NOZAR ASSOCIATES 100 JERICHO QUADRANGLE, #214 JERICHO NY 11753	<b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	U000000140187 04/29/04-80149-021 526.25
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	
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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 effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to prepare this report as required by Chapter 635, Florida Statutes.**

**SIGNATURE:** *BY NOZAR ASSOCIATES* *BY MICHAEL L. ASHNER* *4/14/04* *822 0022*  
**PRESIDENT**