


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

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

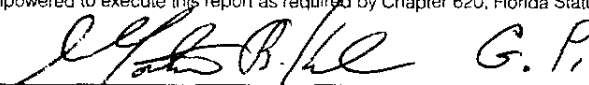
DOCUMENT # A18616			
1. Entity Name CRYSTAL STREET ASSOCIATES LIMITED PARTNERSHIP			
Principal Place of Business % MORTON KAHN 8 VIA LOS INCAS PALM BEACH FL 33480		Mailing Address % MORTON KAHN 8 VIA LOS INCAS PALM BEACH FL 33480	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2507310		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 KAHN, MORTON B. 8 VIA LOS INCAS PALM BEACH FL 33480		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 _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$261,795.00		10. Amount of Capital Contributions in FLORIDA to date 70	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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 #	KAHN, MORTON B.	STREET ADDRESS	
NAME	8 VIA LOS INCAS	CITY - ST - ZIP	000000140027 04/29/04-80146-006 526.25
STREET ADDRESS	PALM BEACH FL 33480		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			



MOORE CR2E003 (11/03)

STAPLE CHECK HERE

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 620, Florida Statutes.

SIGNATURE:  **G.P.** **4-8-04** **561-833-1277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #