


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

DOCUMENT # A19222 1. Entity Name DELRAY COLD STORAGE ASSOCIATES, LTD.					
Principal Place of Business 785 S. CONGRESS AVE. DELRAY BEACH FL 33445-4656				Mailing Address 785 S. CONGRESS AVE. DELRAY BEACH FL 33445-4656	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2497397	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KREISBERG DELRAY MANAGEMENT CO., INC. 251 CRANDON BOULEVARD #500 KEY BISCAVNE FL 33149				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500 NE 185 ST City MIAMI FL Zip Code 33179	
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 <u><i>Julian Kreisberg</i></u> JULIAN KREISBERG DATE <u><i>4/23/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		\$862,500.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
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 # L90384 NAME KREISBERG DELRAY MGMT CO STREET ADDRESS 251 CRANDON BLVD., #500 CITY-ST-ZIP KEY BISCAVNE FL				STREET ADDRESS 500 NE 185 ST CITY-ST-ZIP MIAMI FL 33179	
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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 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: <u><i>Julian Kreisberg</i></u> JULIAN KREISBERG DATE <u><i>4/23/04</i></u> 305 653 6678 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> <small>Date</small> <small>Daytime Phone #</small>					

FILED
2004 APR 26 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

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