


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 24 PM 1:37

STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A20075			
1. Entity Name 3500 LLLP			
Principal Place of Business 1725 DESALES ST. N.W. SUITE 401 WASHINGTON, DC 20036		Mailing Address ATTN: ANGELO A. PUGLISI 1725 DESALES STREET, SUITE 401 WASHINGTON, DC 20016	
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 52-1399684		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		5/24	
6. Name and Address of Current Registered Agent BURNS, JAMES E 3500 CHENEY HWY. TITUSVILLE, FL 32780		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: \$1,000,080.00		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 #	NAME	STREET ADDRESS	
NAME	PUGLISI, ANGELO A.	CITY-ST-ZIP	
STREET ADDRESS	1725 DESALES ST. NW, SUITE 401		
CITY-ST-ZIP	WASHINGTON, DC 20036		
DOCUMENT #	NAME	STREET ADDRESS	600037870606
NAME		CITY-ST-ZIP	06/11/04--01029--023 **80.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	600037870606
NAME		CITY-ST-ZIP	06/11/04--01029--024 **446.25
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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 empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: <i>Angelo A. Puglisi</i>		ANGELO A PUGLISI 4/23/03 20212964970	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE