


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

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # A20618	
1. Entity Name TRI-FARMS ASSOCIATES, LTD.	

Principal Place of Business C/O MARTIN F. GREENBERG 1900 GLADES ROAD, SUITE 245 BOCA RATON FL 33431	Mailing Address C/O MARTIN F. GREENBERG 1900 GLADES ROAD, SUITE 245 BOCA RATON FL 33431
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-2536482	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREENBERG, MARTIN F. C/O MARTIN F. GREENBERG 1900 GLADES ROAD, SUITE 245 BOCA RATON FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable


9. Capital Contributions as Shown on record. \$250,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # F37401	NAME FLA. N.E. DEV., CORP.	STREET ADDRESS	
STREET ADDRESS 1900 GLADES RD., STE. 245		CITY-ST-ZIP	
CITY-ST-ZIP BOCA RATON FL 33431			
DOCUMENT # 374462	NAME SECURITY LAND HOLDING CO	STREET ADDRESS	000000146989
STREET ADDRESS 2646 S.W. 20TH STREET		CITY-ST-ZIP	05/03/04-80088-003 526.25
CITY-ST-ZIP OCALA FL			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
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)(f), 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.

FLORIDA NORTHEASTERN DEVELOPMENT CORP.

SIGNATURE:  MARTIN F. GREENBERG, PRESIDENT

4-14-04

561-347-8525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE