

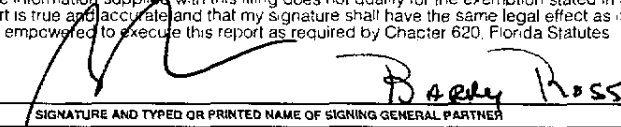


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A20753 1. Entity Name VILLAGE SHOPPES ASSOCIATES, LTD.					
Principal Place of Business 3325 S. UNIVERSITY DR., #210 DAVIE, FL 33328			Mailing Address 3325 S. UNIVERSITY DR., #210 DAVIE, FL 33328		
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04132004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 59-2619972	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent ROSS REALTY INVESTMENTS, INC. 3325 SOUTH UNIVERSITY DRIVE, SECOND FLOOR DAVIE, FL 33328-2020		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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 date if appropriate</small>					
9. Capital Contributions as Shown on record \$4,200,000.00			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 # G00298900138 NAME H.A.U.L. ASSOCIATES STREET ADDRESS 3325 S. UNIVERSITY DR., #210 CITY-ST-ZIP DAVIE, FL 33328			STREET ADDRESS CITY-ST-ZIP		
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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:  Barry Ross 4-20-04 954-452-5000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE