


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A23869 1. Entity Name SHELL CITY ASSOCIATES, LTD.	
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Principal Place of Business 1040 PARK AVE., SUITE 300 BALTIMORE, MD, 21201	Mailing Address 1040 PARK AVE., SUITE 300 BALTIMORE, MD 21201
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country



01282004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2751758	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 LUMPKIN, THOMAS D 2655 LE JEUNE ROAD 515 GABLES INTERNATIONAL PLAZA CORAL GABLES, FL 33134	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 Signature, typed or printed name of registered agent and title if applicable	DATE
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9. Capital Contributions as Shown on record. \$20.00	10. Amount of Capital Contributions in FLORIDA to date
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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 #	NAME	STREET ADDRESS	
NAME	A & R/TEDC JOINT VENTURE	CITY-ST-ZIP	
STREET ADDRESS	1040 PARK AVENUE, SUITE 300		
CITY-ST-ZIP	BALTIMORE, MD 21201		
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CITY-ST-ZIP			

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02/28/04 80034-002 141.25

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

SIGNATURE: <i>Calvin B. Johnson</i>	Sr. V.P. A&R - G.P.	1/28/04	(410) 783-3207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #