2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -3 PM 3:12

DOCUMENT # A23957

1. Entity Name
FIRST EQUITY ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
% P JONAS 8370 W FLAGLER #125 MIAMI, FL 33144	% P JONAS 8370 W FLAGLER #125 MIAMI, FL 33144

01052004 Chg-LP CR2E003 (10/03)

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 59-2807006 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONAS, PETER, CPA 8370 W. FLAGLER ST. SUITE 125 MIAMI, FL 33144	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
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$470,400.00	

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 #		STREET ADDRESS	
NAME	PAREIRA, ALAN S.	CITY-ST-ZIP	U00000003346
STREET ADDRESS	9130 S. DADELAND BLVD., #1704	STREET ADDRESS	01/13/04-80051-013 437.50
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP	900030361849
DOCUMENT #		STREET ADDRESS	03/12/04--01020--015 **88.75
NAME	BISHOPRIC, KARL	CITY-ST-ZIP	
STREET ADDRESS	C/O 80 ST 8TH ST., STE 252	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Alan Pareira ALAN S. PAREIRA G.P. 1-7-04 305-670-9250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #