## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE CHECK HERE

SIGNATURE:

## FILED Mar 26, 2004 08:00 AM Secretary of State

24 Mary 2004 (772) 778-3957

Due by may 1, 2004					191ai 20, 2004 00.00 ANI
DOCUMENT # A25611  1. Entity Name TASHKEDE PROPERTIES, LTD.					Secretary of State
Principal Plan	Mailing Address			-	
Principal Place of Business Mailing Address			<u> </u>		
3975 20TH STREET 3975 20TH STREET SUITE I			<b>!</b>		
VERO BEACH, FL 32960 VERO BEACH, FL 329			2960	• .	
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2. Princips Place of Business		3. Mailing Address			
Suite, Art #, etc.		Suite, Apt #, etc.			01142004 Chg-LP CR2E003 (10/03)
City & State		City & State			4. FEI Number Applied For 59-2863458 Not Applied be
Zip	Country	Zip	Country		5. Centificate of Status Desired Section 5.
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent
Name Name					
ROGERS, T.G. JR. 3975 20TH ST., STE. J VERO BEACH, FL 32960				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 primed name of registered agent and title it applicable.  DATE					
9 Capital Contributions 10 Amount of Capital Contributions					
as Shown on record. \$7,615,814.00 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 #	A25611		STREET ADDRESS		
NAME STREET ADDRESS	ROGERS, T.G., JR.		3111121123		
CITY-SI-ZIP	3975 20TH STREET SUITE J VERO BEACH, FL		CXTY-ST-ZIP		100000000000
DOCUMENT #	VERO BEACH, PE			-	97714-80603-011 526.25
NAME			STREET ADDRESS		Charles of choop off officers
STREET ADDRESS				}	
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DOCUMENT /			STREET ADORESS		
NAME			Sincer abolicad		
STREET ADDRESS CSTY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT # NAME			STREET ADDRESS		
STREET ADDRESS			1		
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NAME			STREET ADDRESS		
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name Street address.			ſ		
CITY-ST-ZIP			CITY-ST-ZIP		
14. Thereby certify that the information specified with this filling does not qualify for the exemption stated in Section 119 07/3VN. Florids Statutes 1 button and the information					
14. I hereby certify that the information supelled with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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 employered to execute the required by Chapter 620, Florida Statutes					