


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

03/11/04

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 11 AM 8:27

DOCUMENT # A25692 1. Entity Name POST OFFICE ASSOCIATES, LTD.		
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Principal Place of Business 200 S. WAHSINGTON BLVD., SUITE 8 SARASOTA FL 34236	Mailing Address 200 S. WAHSINGTON BLVD., SUITE 8 SARASOTA FL 34236
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MOORE CR2E003 (11/03)

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 65-0023883	Applied For <input type="checkbox"/> 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 OLIVIERI, N.J. 200 S. WAHSINGTON BLVD., SUITE 8 SARASOTA FL 34236
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7. Name and Address of New Registered Agent	
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. \$46,000.00	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 #	NAME	STREET ADDRESS	
NAME	OLIVIERI, N.J.	CITY-ST-ZIP	
STREET ADDRESS	200 S. WAHSINGTON BLVD., SUITE 8		
CITY-ST-ZIP	SARASOTA FL 34236		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	PO7000075245 A96000002481		
STREET ADDRESS	BAND FAMILY PARTNERSHIP, LTD		
CITY-ST-ZIP	240 S. PINEAPPLE AVENUE, 10TH FLOOR		
	SARASOTA FL 34236		
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS			
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DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #