


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A29095
 Entity Name
MANASARA ASSOCIATES LIMITED



Principal Place of Business
 1131 NORTH LAKE SHORE DRIVE
 SARASOTA, FL 34231

Mailing Address
 1131 NORTH LAKE SHORE DRIVE
 SARASOTA, FL 34231



2. Principal Place of Business
 Suite, Apt #, etc

3. Mailing Address
 Suite, Apt. #, etc

04272004 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number
65-0157031

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

SABA, RICHARD D.
 1390 MAIN STREET
 SUITE 824
 SARASOTA, FL 34236

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. **\$395,600.00**

10. Amount of Capital Contributions in FLORIDA to date

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 #
 NAME **FIERS, CARLISLE W., JR.**
 STREET ADDRESS **1131 NORTH LAKE SHORE DR**
 CITY-ST-ZIP **SARASOTA, FL**

STREET ADDRESS
 CITY-ST-ZIP
 000000158789
 05/10/04-80004-008 526.25

DOCUMENT #
 NAME **M90343**
 STREET ADDRESS **MANASARA CORP.**
 CITY-ST-ZIP **1390 MAIN ST., STE. 824**
SARASOTA, FL

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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STREET ADDRESS
 CITY-ST-ZIP

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

STAPLE CHECK HERE

SIGNATURE: **CARLISLE W. FIERS JR., G.P.** *Carlisle W. Fiers, Jr.* **4/28/04** **941 921-2212**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #