2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

DOCUMENT # A29876 1. Entity Name CRESTHAVEN ASSOCIATES, LTD.					FILEL 2004 AUG 16 PM 4: 12 DIVIDIN OF CORPORATIONS			
Principal Place of Business Mailing Address 1 SE 3RD AVE. #2240 1 SE 3RD AVE. # MIAMI, FL 33131 MIAMI, FL 3313			240			ALLAHASS	EE, FL	ORIDA
			AM:					
# 30 Z		City's State DI ATC OF		· of	08122004 4. FEI Number	Chg-LP	CR2E0	03 (10/03) Applied For
WESTON I	FLA Country 150	Zip	Coun	1202110FT	65-01880			Not Applicable \$8.75 Additional
, ,	and Address of Current I			<u> </u>	Certificate of 3 Name and Act			Fee Required
BREIT, RICHARD H.					ELLIOTT MESSING			
3111 STIRLING ROAD FT. LAUDERDALE, FL 33312				Street Address (P.O. Box Number is Not Acceptable)				
				2500 WESTON KOAD SUITE 302				
City W					STON		FL	Zip Coda 3333
8. The above named entity submits this statement or the purpose of changing its registered office or registered the obligations of registered agent. SIGNATURE						8/	13/04	aminar with, and accept
Signature, typed or printed name of registered agent and title if applicable. DATE In accordance with s. 607, 193(2)(b), F.S.								607.193(2)(b), F.S.,
as Shown on record. \$101,000.00 in FLORIDA to date. 101,000.00 the limited partnership did not receive the prior notice.								
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								
12. GENERAL PARTNER INFORMATION DOCUMENT / P94000043040				EET ADDRESS 25	00 WE	STON A	3A-0	# 302
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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:								