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

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # A30408

1. Entity Name

ESSEX FLORIDA ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
C/O JAMES C. ELWOOD 5872 PENNOCK POINT ROAD JUPITER FL 33458	C/O JAMES C. ELWOOD 5872 PENNOCK POINT ROAD JUPITER FL 33458

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 65-0208450 — 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
ELWOOD, JAMES C 5872 PENNOCK POINT RD. JUPITER FL 33458	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. $356,990.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	L86373	STREET ADDRESS	
NAME	WARWICK INTERESTS, INC. C/O JAMES C. ELWOO		
STREET ADDRESS	5872 PENNOCK POINT RD.	CITY-ST-ZIP	U00000147059
CITY-ST-ZIP	JUPITER FL		05/03/04-80090-019 526.25
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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] JAMES C. ELWOOD PRESIDENT OF CORP. G.P. 4/23/04 561-351-5540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #