

**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 C/O JAMES C. ELWOOD 5872 PENNOCK POINT ROAD JUPITER FL 33458		Mailing Address C/O JAMES C. ELWOOD 5872 PENNOCK POINT ROAD JUPITER FL 33458	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent ELWOOD, JAMES C 5872 PENNOCK POINT RD. JUPITER FL 33458		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	



MOORE CR2E003 (11/03)

4. FEI Number 65-0208450	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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.

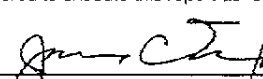
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
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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 CITY - ST - ZIP	L86373 WARWICK INTERESTS, INC. C/O JAMES C. ELWOOD 5872 PENNOCK POINT RD. JUPITER FL	STREET ADDRESS CITY - ST - ZIP	UD0000147059 05/03/04-80090-019 526.25
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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:  **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

Overtime Phone #

STAPLE CHECK HERE