

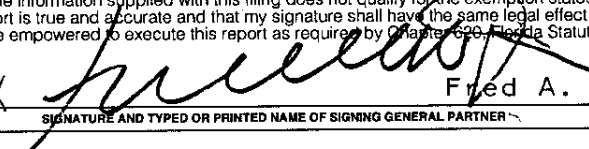


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

04 JAN 20 AM 9:50

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A31434</b> 1. Entity Name <b>ANCHOR I ASSOCIATES, LTD.</b>					
Principal Place of Business <b>50 SOUTH MERIDIAN STREET, SUITE 202          INDIANAPOLIS, IN 46204</b>			Mailing Address <b>50 SOUTH MERIDIAN STREET, SUITE 202          INDIANAPOLIS, IN 46204</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
					
			01052004 Chg-LP CR2E003 (10/03)		
			4. FEI Number <b>35-1747465</b>		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM          1200 S. PINE ISLAND ROAD          PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$100.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>DUNCAN, MICHAEL D.</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>50 S MERIDIAN ST #202</b>			<b>000027246800</b> 01/20/04-01005--006 **141.25	
CITY-ST-ZIP	<b>INDIANAPOLIS, IN 46204</b>		STREET ADDRESS		
NAME	<b>OST, FRED A., JR.</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>50 S MERIDIAN ST #202</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>INDIANAPOLIS, IN 46204</b>		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>MONTRIE, WILLIAM L.</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>50 S MERIDIAN ST #202</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>INDIANAPOLIS, IN 46204</b>		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 690, Florida Statutes					
<b>SIGNATURE: X</b> 			<b>Fred A. Ost, Jr.</b> 01/09/04 (317)638-3900		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE