
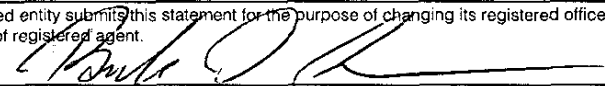



**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # A32397</b>					
1. Entity Name EL MERCADO ASSOCIATES, LTD.					
Principal Place of Business 1200 BRICKELL AVE., SUITE 1500 MIAMI, FL 33131			Mailing Address 1200 BRICKELL AVE., SUITE 1500 MIAMI, FL 33131		
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 65-0303358	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  FINEMAN, TONY 1200 BRICKELL AVENUE SUITE 1500 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Pearce, Pam Street Address (P.O. Box Number is Not Acceptable) 1200 Brickell Ave., Ste. 1500 City Miami FL Zip Code 33131	
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 4/19/04					
9. Capital Contributions as Shown on record. \$1,500,000.00			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 #	V02300		STREET ADDRESS		
NAME	EL MERCADO, INC.		CITY-ST-ZIP		
STREET ADDRESS	1200 BRICKELL AVE., SUITE 1500				
CITY-ST-ZIP	MIAMI, FL 33131				
DOCUMENT #			STREET ADDRESS	900036483929	
NAME			CITY-ST-ZIP	05/14/04--01061--024 **526.25	
STREET ADDRESS					
CITY-ST-ZIP					
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NAME			CITY-ST-ZIP		
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					
SIGNATURE: 			Stephen H. Bittel, PD of El Mercado, Inc. 4/26/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

FILED

04 APR 30 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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