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

SIGNATURE:

## Mar 08, 2004 08:00 AM DOCUMENT # A32521 **Secretary of State** HIALEAH REALTY ASSOCIATES, LTD. Principal Place of Business Mailing Address 233 ATLANTIC AVENUE PALM BEACH FL 33480 2161 PALM BEACH LAKES BLVD., SUITE 304 WEST PALM BEACH FL 33409 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc MOORE CR2E003 (11/03) City & State 4. FEI Number Applied For City & State 65-0822234 Not Applicable Ζip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TANNENBAUM, MICHAEL D 2161 PALM BEACH LAKES BLVD., SUITE 304 WEST PALM BEACH FL 33409 Street Address (P.O. Box Number is Not Acceptable) 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 Signature, typed or printed name of registered agent and talle if applicable. DATE 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$65,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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 # STREET ADDRESS NAME YALICH, GEORGE 233 ATLANTIC AVENUE STREET ADDRESS U00000030084 CITY-ST-782 CHY-ST-ZIP PALM BEACH FL 33480 DOCUMENT ! SZERGOA TERRIS 8353.8F STREET AGORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MANE STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ARTRESS MAKE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 14445 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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

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