



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

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A33577</b> 1. Entity Name <b>DEBARY ESTATES ASSOCIATES, LTD.</b>					
Principal Place of Business <b>100 DEBARY PLANTATION BLVD.          DEBARY, FL 32713</b>			Mailing Address <b>2600 DOUGLAS ROAD, STE. 505          CORAL GABLES, FL 33134</b>		
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State		4. FEI Number <b>64-0363466</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WJM INVESTMENTS, INC.          2600 DOUGLAS ROAD, SUITE 803          CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE	
9. Capital Contributions as Shown on record. <b>\$1,099,500.00</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 CITY - ST - ZIP	<b>V73121          WJM INVESTMENTS, INC.          2600 DOUGLAS ROAD, SUITE 505          CORAL GABLES, FL 33134</b>		STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P96000020336          DB INVESTMENT HOLDINGS, INC.          2600 DOUGLAS ROAD, PENTHOUSE 5          CORAL GABLES, FL 33134</b>		STREET ADDRESS CITY - ST - ZIP	<b>1000000159130          05/10/04-80017-012 526.25</b>	
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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					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
Date				Daytime Phone #	

STAPLE CHECK HERE