

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

**FILED
Apr 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # A93000000610
1. Entity Name
7TH STREET ASSOCIATES, LTD.



Principal Place of Business: 407 LINCOLN ROAD, SUITE 9F, MIAMI BEACH, FL 33139
Mailing Address: 407 LINCOLN ROAD, SUITE 9F, MIAMI BEACH, FL 33139

2. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip; Country
3. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country



03312004 Chg-LP CR2E003 (10/03)

4. FEI Number: 65-0416013 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent: COMRAS, MICHAEL % THE COMRAS CO OF FLA. INC. 407 LINCOLN ROAD, SUITE 9F MIAMI BEACH, FL 33139
7. Name and Address of New Registered Agent: Name; Street Address (P.O. Box Number is Not Acceptable); City; State (FL); 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: _____
Signature: typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: \$606,919.99
10. Amount of Capital Contributions in FLORIDA to date: _____

**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 #	P93000002974	STREET ADDRESS	
NAME	COMFED GROUP, INC.	CITY - ST - ZIP	
STREET ADDRESS	407 LINCOLN ROAD, SUITE 9-F		
CITY - ST - ZIP	MIAMI BEACH, FL 33139		
DOCUMENT #		STREET ADDRESS	
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #