


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

**FILED  
Apr 07, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # A9400000891**  
1. Entity Name  
**PALM DRIVE ASSOCIATES, LTD.**



Principal Place of Business: **C/O CENTRO PALM, INC. 35801 S.W. 186TH AVENUE FLORIDA CITY FL 33034**  
Mailing Address: **C/O CENTRAL PALM, INC. P.O. BOX 343449 FLORIDA CITY FL 33034**



MOORE CR2E003 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **65-0539755**  
Applied For:  Not Applicable:

City & State

Zip: Country

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAINSTER, STEVE  
C/O CENTRAL PALM, INC.  
35801 S.W. 186TH AVENUE  
FLORIDA CITY FL 33034**

Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ **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: **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date: **1000.00**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **P94000049163**  
NAME **CENTRO PALM, INC.**  
STREET ADDRESS **35801 S.W. 186TH AVE.**  
CITY-ST-ZIP **FLORIDA CITY FL 33034**

STREET ADDRESS  
CITY-ST-ZIP

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STAPLE CHECK HERE

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]* **General Partner 3/23/04 (305) 245-7738**