

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 JAN 16 AM 8:27

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



01092004 Chg-LP CR2E003 (10/03)

DOCUMENT # A94000001128 1. Entity Name 2617 ASSOCIATES, LTD.					
Principal Place of Business 1302 N. 19TH STREET TAMPA, FL 33605			Mailing Address P.O. BOX 18464 TAMPA, FL 33679		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 65-0515073			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 HOWELL, DANIEL B 1302 N. 19TH STREET TAMPA, FL 33605				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$125,000.00			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 #	G44274			STREET ADDRESS	700027112017
NAME	BAY VILLA DEVELOPERS, INC.			CITY-ST-ZIP	01/16/04-01060-019 **526.25
STREET ADDRESS	1302 N. 19TH STREET				
CITY-ST-ZIP	TAMPA, FL 33605				
DOCUMENT #	K04165			STREET ADDRESS	
NAME	THE MAHR COMPANY			CITY-ST-ZIP	
STREET ADDRESS	100 WEST KENNEDY BLVD.				
CITY-ST-ZIP	TAMPA, FL 33602				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				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)(l), 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:				1/12/04 (813) 247 4949	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

STAPLE CHECK HERE