



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

**FILED**  
**Feb '03, 2004 08:00 AM**  
**Secretary of State**

|   |                 |   |  |  |  |
|---|-----------------|---|--|--|--|
| <b>DOCUMENT # A94000001770</b><br>1. Entity Name<br><b>PES ASSOCIATES, LTD.</b>   |                 |   |  |   |  |
| Principal Place of Business<br><b>777 S. FLAGLER DRIVE, SUITE 310 E.</b><br><b>WEST PALM BEACH, FL 33401</b>  |                 |   | Mailing Address<br><b>777 S. FLAGLER DRIVE, SUITE 310 E.</b><br><b>WEST PALM BEACH, FL 33401</b>                                     |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country   |                 | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country |  |  |  |
| 4. FEI Number<br><b>59-3277154</b>  |                 |   |  | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |                 |   |  | 01122004    Chg-LP    CR2E003 (10/03)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BREGMAN, HOWARD</b><br><b>777 S. FLAGLER DRIVE, SUITE 310 E.</b><br><b>WEST PALM BEACH, FL 33401</b>  |                 |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |                 |   |  |  |  |
| 9. Capital Contributions as Shown on record. <b>\$125,000.00</b>  |                 | 10. Amount of Capital Contributions in FLORIDA to date. <b>125,000</b>        |  | DATE _____   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><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   |  |  |
| STREET ADDRESS  | 2199 NW 30TH RD |   | CITY-ST-ZIP  |  |  |
| CITY-ST-ZIP   | BOCA RATON, FL  |   | CITY-ST-ZIP  |  |  |
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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> <u>Paul Shapiro</u> <b>PAUL SHAPIRO</b>   |                 |   | <b>1/21/04</b> <b>561-650-7910</b>   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>   |                 |   | <small>Date      Daytime Phone #</small>   |  |  |

STAPLE CHECK HERE