


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A95000000640	
1. Entity Name ALROC REAL ESTATE ASSOCIATES, LTD.	

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 MAY 19 PM 12:40

Principal Place of Business % OFFICE 4400 S.W. 20TH AVENUE GAINESVILLE, FL 32607	Mailing Address % OFFICE 4400 S.W. 20TH AVENUE GAINESVILLE, FL 32607
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03222004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-1087051 59-3584688 **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent ESPOSITO, ROCCO JR % OFFICE 4400 S.W. 20TH AVENUE GAINESVILLE, FL 32607	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ Signature, typed or printed name of registered agent and, if applicable, DATE

9. Capital Contributions as Shown on record. 5,505,992.00
10. Amount of Capital Contributions in FLORIDA to date. \$ 1,173,091

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 # P95000020265	NAME SIROCCO, INC.	STREET ADDRESS	
STREET ADDRESS 4400 S.W. 20TH AVENUE	CITY-ST-ZIP GAINESVILLE, FL 32607	CITY-ST-ZIP	
DOCUMENT # P95000042818	NAME ALAMARKET OF GAINESVILLE, INC.	STREET ADDRESS	
STREET ADDRESS 4400 SW 20TH AVE.	CITY-ST-ZIP GAINESVILLE, FL 32607	CITY-ST-ZIP	
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 05/21/04-01020-001 **526.25

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: Alice Esposito Sirocco, Inc. Alice Esposito, Secretary 03/24/2004 (352) 373-4244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE