

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

**FILED
Mar 10, 2004 08:00 AM
Secretary of State**

DOCUMENT # A95000001849					
1. Entity Name ARBUTINE ASSOCIATES LIMITED					
Principal Place of Business 1350 WEST BAY DR BELLEAIR BLUFFS, FL 33770			Mailing Address 784 CORTEZ AVE. BELLEAIR BLUFFS, FL 33770		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01152004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 59-3351118	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARBUTINE, PATRICIA L 784 CORTEZ AVE BELLEAIR BLUFFS, FL 33770			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. \$99.00		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 #	NAME		STREET ADDRESS		
NAME	ARBUTINE, MILLER B TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	784 CORTEZ AVE				
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	ARBUTINE, PATRICIA L TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	784 CORTEZ AVE				
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770				
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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)(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: <i>Patricia L. Arbutine</i>		Date: <i>2/29/04</i>		Daytime Phone #: <i>727-581-6027</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>	

STAPLE CHECK HERE

