


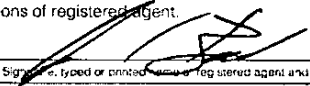
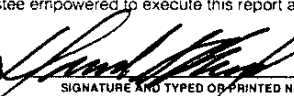
**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED

2005 MAY -2 P 4: 19

SECRETARY OF STATE
TALLAHASSEE, FL 32399



DOCUMENT # A96000000616					
1. Entity Name THEATRE ASSOCIATES, LTD.					
Principal Place of Business 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236		Mailing Address 1991 MAIN STREET, #183 SARASOTA, FL 34236			
2. Principal Place of Business		3. Mailing Address 1991 Main Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Box 183			
City & State		City & State Sarasota, FL		4. FEI Number 65-0661821	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34236		Country		02232005 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAND, STEVEN C EXECUTIVE PROPERTY MANAGEMENT 1991 MAIN STREET #183 SARASOTA, FL 34236			Name Band, Steven C.		
			Street Address (P.O. Box Number is Not Acceptable) 1991 Main Street Box 183		
			City Sarasota FL Zip Code 34236		
			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  Steven C. Band			DATE 4/17/05		
9. Capital Contributions as Shown on record. \$8,000,000.00			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 #	P96000008824		STREET ADDRESS	1991 Main Street, Box 183	
NAME	BAK, INC.		CITY-ST-ZIP	Sarasota, FL 34236	
STREET ADDRESS	1991 MAIN STREET #183				
CITY-ST-ZIP	SARASOTA, FL 34236				
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)(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  David S. Band, Director of			Date 3/11/05 941-366-6660		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE

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