

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 22 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000000943		
1. Entity Name REALTY ASSET PROPERTIES, LTD.		

Principal Place of Business 3960 RCA BLVD., STE. 6002 PALM BEACH GARDENS, FL 33410 US	Mailing Address 3960 RCA BLVD., STE. 6002 PALM BEACH GARDENS, FL 33410 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01202004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0666667		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		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: _____
(Signature, typed or printed name of registered agent and title if applicable)

9. Capital Contributions as Shown on record: \$9,900.00	10. Amount of Capital Contributions in FLORIDA to date: \$9,900.00
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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 #	P960000043693	STREET ADDRESS	
NAME	REALTY ASSET PROPERTIES GP, INC.	CITY-ST-ZIP	
STREET ADDRESS	3950 RCA BLVD., STE. 5001		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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.

SIGNATURE: Bruce P. Wentworth 4/02/04 (866) 279-6428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date of Filing

STAPLE CHECK HERE