2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
04 APR 30 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000000945

1. Entity Name
SUPERIOR ASSET MANAGEMENT, LTD.

Principal Place of Business	Mailing Address
745 US HIGHWAY ONE, SUITE 209 NORTH PALM BEACH, FL 33408	745 US HIGHWAY ONE, SUITE 209 NORTH PALM BEACH, FL 33408

01122004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
8191 CYPRESS POINT RD	8191 CYPRESS POINT RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33412 Country: U.S.A.	Zip: 33412 Country: U.S.A.

4. FEI Number 65-0666867 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HEITMEYER, RICHARD
745 US HIGHWAY ONE, SUITE 209
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
8191 CYPRESS POINT RD.

City: WEST PALM BEACH FL Zip Code: 33412

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 title if applicable. DATE

9. Capital Contributions as Shown on record. $13,500,000.00

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 #	P96000012794	STREET ADDRESS	8191 CYPRESS POINT RD.
NAME	SUPERIOR ASSET EQUITY CORPORATION		
STREET ADDRESS	745 US HIGHWAY ONE, SUITE 209	CITY-ST-ZIP	WEST PALM BEACH, FL 33412
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		
DOCUMENT #		STREET ADDRESS	
NAME			400036061224
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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: R. HEITMEYER 4/24/04 561-776-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #