
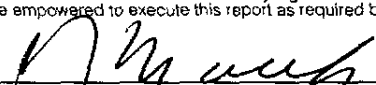


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
May 06, 2004 08:00 AM
Secretary of State**

DOCUMENT # A96000001375					
1. Entity Name SAMPLE 95 ASSOCIATES, LTD.					
Principal Place of Business 2100 PARK CENTRAL BLVD. N. SUITE 900 POMPANO BEACH, FL 33064			Mailing Address 2100 PARK CENTRAL BLVD. N. SUITE 900 POMPANO BEACH, FL 33064		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State		4. FEI Number 65-0694434	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KLEIN, THEODORE J 88-168 STREET NE NORTH MIAMI BEACH, FL 33160			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. \$3,430,000.00		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 #	P96000061336		STREET ADDRESS		
NAME	SAMPLE 95, INC.		CITY-ST-ZIP		
STREET ADDRESS	2100 PARK CENTRAL BLVD. N., #900			U00000153973	
CITY-ST-ZIP	POMPANO BEACH, FL 33064			05/13/04-80003-003 526.25	
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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: 			Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE