


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

**FILED
Apr 01, 2004 08:00 AM
Secretary of State**

DOCUMENT # A96000001410

1. Entity Name
BLACKSTONE ASSOCIATES, LTD.



Principal Place of Business: 100 LINCOLN RD., #535 MIAMI BEACH, FL 33139
Mailing Address: 1543 7TH STREET, #202 SANTA MONICA, CA 90401

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



03242004 Chg-LP CR2E003 (10/03)
4. FEI Number: 95-4591668 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PICO INVESTMENTS, INC.
ATTN: ERI KROCH
100 LINCOLN RD., #535
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent
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: \$225,000.00
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 #	P96000058558	STREET ADDRESS	
NAME	PICO INVESTMENTS, INC.	CITY-ST-ZIP	1100000104636 04/06/04-80020-008 526 25
STREET ADDRESS	ATTN: ERI KROCH, 1543 7TH STREET, #202	STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA, CA 90401	CITY-ST-ZIP	
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ERI KROCH 3/26/04 (310) 393 9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #