

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**FILED**


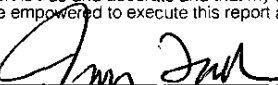
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MJH**



07072004 Chg-LP CR2E003 (10/03) 7/12

<b>DOCUMENT # A97000000938</b>					
1. Entity Name <b>FASK REALTY LTD.</b>					
Principal Place of Business <b>354 HIATT DRIVE PALM BEACH GARDENS, FL 33418</b>			Mailing Address <b>354 HIATT DRIVE PALM BEACH GARDENS, FL 33418</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0747352</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FRIEDMAN, STEVEN 24 BERMUDA LAKE DRIVE PALM BEACH GARDENS, FL 33418</b>				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. <b>\$1,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>ABRAMS, MARK J</b>		CITY-ST-ZIP	<b>500039686875</b>	
STREET ADDRESS	<b>8667 STEEPLECHASE DRIVE</b>			<b>07/29/04--01028--019 **141.25</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>		STREET ADDRESS		
DOCUMENT #	NAME		CITY-ST-ZIP		
NAME	<b>FRIEDMAN, IRVING</b>				
STREET ADDRESS	<b>101 BANYAN ISLE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>FRIEDMAN, STEVEN D</b>				
STREET ADDRESS	<b>24 BERMUDA LAKE DRIVE</b>		CITY-ST-ZIP		
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>				
DOCUMENT #	NAME		STREET ADDRESS	<b>46 SOMERSET TERRACE</b>	
NAME	<b>SAYRE, ROBERT A</b>		CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>	
STREET ADDRESS	<b>2162 HENLEY PLACE</b>				
CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>		STREET ADDRESS		
DOCUMENT #	NAME		CITY-ST-ZIP		
NAME					
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME					
STREET ADDRESS			CITY-ST-ZIP		
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: 			IRVING FRIEDMAN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date 7-8-04 Daytime Phone # 861-632-4260 EXT 123		

STAPLE CHECK HERE