

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)-  
DUE BY MAY 1, 2004**

**POSTED**

<b>DOCUMENT # A97000001561</b>	
1. Entity Name 222 ASSOCIATES, LTD.	



**FILED**  
04 JUL -7 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

Principal Place of Business 140 N. FEDERAL HIGHWAY, SUITE #200 BOCA RATON FL 33432	Mailing Address 140 N. FEDERAL HIGHWAY, SUITE #200 BOCA RATON FL 33432
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0772570	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHROEDER, MICHAEL A ESQ. C/O SCHROEDER AND LARCHE, P.A. 2255 GLADES ROAD, SUITE 319 ATRIUM BOCA RATON FL 33431	
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7. Name and Address of New Registered Agent Name GREGORY K. TALBOTT Street Address (P.O. Box Number is Not Acceptable) 140 N. FEDERAL HIGHWAY SUITE 200 City BOCA RATON FL Zip Code 33432	
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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 4/5/04

9. Capital Contributions as Shown on record: \$5,331,650.00	10. Amount of Capital Contributions in FLORIDA to date: \$2,500.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P97000060925	NAME 222 ASSOCIATES, INC.	STREET ADDRESS 140 N. FEDERAL HIGHWAY, SUITE #200	CITY-ST-ZIP BOCA RATON FL 33432
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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07/19/04--01061--003 \*\*150.00

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 4/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Daytime Phone #

STAPLE CHECK HERE