2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
04 MAY 17 PM 1:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A97000001769

1. Entity Name
N.E. APARTMENTS ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
330 GRECO AVE 107 MIAMI, FL 33146	P.O.BOX 330537 MIAMI, FL 33233

02202004 Chg-LP CR2E003 (10/03) 5/17

2. Principal Place of Business	3. Mailing Address
330 Greco Ave	Same
Suite, Apt. #, etc. Suite 102	Suite, Apt. #, etc.
City & State Coral Gables	City & State
Zip 33146 Country USA	Zip Country

4. FEI Number 65-0790501 65-0790503 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EKONOMOU, NICHOLAS E
330 GRECO AVE
107
MIAMI, FL 33146

Change Suite #

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
330 Greco Ave Ste 102

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 [signature] DATE 4-13-04
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $99.00

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 #	P97000070528	STREET ADDRESS	330 Greco Ste 102
NAME	N.E. APARTMENTS ASSOCIATES, INC.		
STREET ADDRESS	330 GRECO AVE STE 107 change Suite #	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI, FL 33146		
DOCUMENT #		STREET ADDRESS	
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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: [signature] 4-13-04 (305) 860-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #