


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 12 PM 1:57

DOCUMENT # A97000002102 1. Entity Name CBRS REALTY, LTD.	
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Principal Place of Business 24 BERMUDA LAKE DRIVE PALM BEACH GARDEN, FL 33418	Mailing Address 4521 PGA BLVD., STE. 269 PALM BEACH GARDENS, FL 33418
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
01222004 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0783092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRIEDMAN, STEVEN 24 BERMUDA DRIVE PALM BEACH GARDENS, FL 33418	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200027620432 02/16/04--01010--002 **376.25 City FL Zip Code
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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.

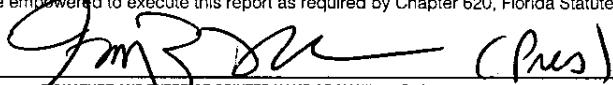
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$199,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P97000083667	STREET ADDRESS	
NAME	CBRS REALTY, INC.	CITY-ST-ZIP	200027620432 01/26/04--01091--001 **150.00
STREET ADDRESS	24 BERMUDA LAKE DRIVE		
CITY-ST-ZIP	PALM BEACH GARDEN, FL 33418		
DOCUMENT #		STREET ADDRESS	
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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:  (Pres) 1/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE