


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

DOCUMENT # A97000002447			
1. Entity Name THE SNYDER FAMILY ASSOCIATES LIMITED PARTNERSHIP			
Principal Place of Business 122 DRIFTWOOD CIRCLE ATLANTIS FL 33462		Mailing Address 122 DRIFTWOOD CIRCLE ATLANTIS FL 33462	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 19 PM 3:19



MOORE CR2E003 (11/03)

4. FEI Number 65-0803265		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NICOLETTI, PAUL J ESQ. 317 TENTH STREET WEST PALM BEACH FL 33401		7. Name and Address of New Registered Agent Name Cirimboli, Dominic Esq. Street Address (P.O. Box Number is Not Acceptable) 7521 Monterverde Lane City West Palm Beach FL Zip Code 33412	

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 *Douglas P. Scumala Esq.* DATE *X 02-03-04*
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,784,947	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.**

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	SNYDER, MAX M		
STREET ADDRESS	122 DRIFTWOOD CIRCLE	CITY-ST-ZIP	
CITY-ST-ZIP	ATLANTIS FL 33462		
DOCUMENT #	NAME	STREET ADDRESS	
	SNYDER, MARY K		
STREET ADDRESS	122 DRIFTWOOD CIRCLE	CITY-ST-ZIP	
CITY-ST-ZIP	ATLANTIS FL 33462		
DOCUMENT #	NAME	STREET ADDRESS	
			700031855047
STREET ADDRESS			04/06/04--01013--009 **525.25
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DOCUMENT #	NAME	STREET ADDRESS	
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CITY-ST-ZIP			
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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: *Max M Snyder* **MAX M Snyder G.P. 561-968-9353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #