


FILED
Apr 30, 2004 08:00 AM
Secretary of State

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A97000002638		
1. Entity Name ALBERTA ASSOCIATES, LTD.		
Principal Place of Business 1730 N. FEDERAL HIGHWAY BOYNTON BEACH, FL 33435		Mailing Address 1730 N. FEDERAL HIGHWAY BOYNTON BEACH, FL 33435
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 65-0800037		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		7. Name and Address of New Registered Agent
HRAWG CORP. 2000 GLADES ROAD, SUITE 400 BOCA RATON, FL 33431		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 type or print name of registered agent and full legal name</small>		
9. Capital Contributions as Shown on record \$1,630,000.00		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 # NAME STREET ADDRESS CITY-STATE-ZIP	P97000100735 CALGARY, INC. 1730 N FEDERAL HIGHWAY BOYNTON BEACH, FL 33435	STREET ADDRESS CITY-STATE-ZIP
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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: _____		DATE: _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>DATE</small>



02252004 Chg-LP CR2E003 (10/03)

FL Zip Code

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05/07/04-80028-012 526 25

STATE CHECK HERE