


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000000140		
1. Entity Name SAFF ATLANTIC PROPERTIES, LTD.		

Principal Place of Business 1440 SOUTH OCEAN BOULEVARD, #8C POMPANO BEACH, FL 33062	Mailing Address 1440 SOUTH OCEAN BOULEVARD, #8C POMPANO BEACH, FL 33062
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



07012004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0811553	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAFF, HARVEY J 1440 SOUTH OCEAN BOULEVARD, #8C POMPANO BEACH, FL 33062	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 Signature, typed or printed name of registered agent and title if applicable.	DATE
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9. Capital Contributions as Shown on record. \$60.00	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 #	SAFF, HARVEY J TRUSTEE	STREET ADDRESS	
NAME	1440 SOUTH OCEAN BOULEVARD, #8C	CITY-ST-ZIP	
STREET ADDRESS	POMPANO BEACH, FL 33062		
CITY-ST-ZIP			
DOCUMENT #	SAFF, MYRA H TRUSTEE	STREET ADDRESS	
NAME	1440 SOUTH OCEAN BOULEVARD, #8C	CITY-ST-ZIP	
STREET ADDRESS	POMPANO BEACH, FL 33062		
CITY-ST-ZIP			
DOCUMENT #	SAFF, HARVEY J TRUSTEE	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: 	DATE: 7/14/2004	Daytime Phone #: (954) 941-3528
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STAPLE CHECK HERE