


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

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000000242					
1. Entity Name SANTA ROSA KM ASSOCIATES, LTD.					
Principal Place of Business C/O FRED CHIKOVSKY 1720 HARRISON STREET HOLLYWOOD FL 33030			Mailing Address C/O FRED CHIKOVSKY 1720 HARRISON STREET HOLLYWOOD FL 33030		
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 65-0811426	
				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 CHIKOVSKY, FRED 1720 HARRISON STREET HOLLYWOOD FL 33020				7. Name and Address of New Registered Agent	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		\$1,049,400.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
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 #	P98000007776			STREET ADDRESS	
NAME	SRKM, INC. ✓			CITY- ST- ZIP	
STREET ADDRESS	1720 HARRISON STREET				
CITY- ST- ZIP	HOLLYWOOD FL 33020				
DOCUMENT #				STREET ADDRESS	U000000090105
NAME				CITY- ST- ZIP	03/17/04 00003 016 526.25
STREET ADDRESS					
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NAME				CITY- ST- ZIP	
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)(f), 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: <i>Carol Diamond</i> Secretary of <i>SRKM, Inc.</i> General Partner <i>2/25/04</i> <i>954-920413</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE