


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

DOCUMENT # A98000000425 1. Entity Name MERRICK PARK ASSOCIATES, LTD.	
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Principal Place of Business 4565 PONCE DE LEON BLVD., STE. 100 CORAL GABLES, FL 33146	Mailing Address 4565 PONCE DE LEON BLVD., STE. 100 CORAL GABLES, FL 33146
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED
2004 JAN 16 AM 10:18
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA



01072004	Chg-LP	CR2E003 (10/03)
4. FEI Number 65-0813224	<input type="checkbox"/> Applied For <input checked="" 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 FORBES, JOHN R 4565 PONCE DE LEON BLVD., STE. 100 CORAL GABLES, FL 33146	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$130,000.00	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 # NAME 4565 ASSOCIATES, INC. STREET ADDRESS 4565 PONCE DE LEON BLVD., STE. 100 CITY-ST-ZIP CORAL GABLES, FL 33146	STREET ADDRESS CITY-ST-ZIP 300027089953 <small>01/16/04 01011--009 **526.25</small>
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STAPLE CHECK HERE

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: _____ **1-9-04** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #