

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A98000001472 1. Entity Name BUFFALO-W.D. ASSOCIATES, LTD.					
Principal Place of Business 8441 COOPER CREEK BLVD. UNIVERSITY PARK, FL 34201				Mailing Address 570 DELAWARE AVE BUFFALO, NY 14202	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8441 Cooper Creek Blvd			
City & State		City & State University Park FL		4. FEI Number 59-3527119	
Zip 34201		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record: \$99.00		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 # P98000053312 NAME BUFFALO-W.D. SPE, INC. STREET ADDRESS 8441 COOPER CREEK BLVD. CITY-ST-ZIP UNIVERSITY PARK, FL 34201				STREET ADDRESS CITY-ST-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: <i>David H. Baldauf</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				DAVID H. BALDAUF SEC OF GP 4/22/2004 941.359.8303 Date Daytime Phone #	

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