## 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY SEPTEMBER 8, 2004

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## Aug 23, 2004 08:00 AM Secretary of State DOCUMENT # A98000001535 1. Entity Name GLADES - ST. ANDREWS ASSOCIATES, LTD. Principal Place of Business Mailing Address 2499 GLADES ROAD BOCA RATON FL 33431 2499 GLADES ROAD BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. CR2E003 (4/04) City & State City & State 4. FÉI Number Applied For 59-2630413 Not Applicable Zip Country Ζıρ Country \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRALL, MARK L Street Address (P.O. Box Number is Not Acceptable) 616 EAST ATLANTIC AVENUE DELRAY BEACH FL 32483 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, 11. FILE NOW!!! Due by September 8, 2004! in the State of Florida. I am familiar with, and accept the obligations of registered agent. See Block 11 instructions for fee info. If first notice was not received, check box Signature, typed or printed name of registered agent and trile if applicable DATE and do not include \$400 late fee. 9. Capital Contributions 10. Amount of Capital Contributions \$1,000.00 as Shown on record. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY P98000046862 DOCUMENT # SZBRECA TEBRIZ MAME GLADES - ST. ANDREWS MANAGEMENT, INC. STREET ADDRESS 2499 GLADES ROAD CITY-ST-ZIP City - ST - ZiP **BOCA RATON FL 33431** \_\_\_\_U00000170762 08/23/04-80010-013 141.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CRTY-ST-ZIP CITY-ST-ZP DOCUMENT # STREET ADDRESS MARK STREET ADDRESS CITY-ST-ZIC CITY - 5T - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-57-71P CITY - ST - ZIP DOCUMENT # STREET ADDRESS STAPLE CHECK STREET ADDRESS CITY-ST-ZIP CITY-ST-282 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SSTY-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 flue and accurate and that my signature shall have the same legal effect as if made under oath; that it 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

**FILED**