

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 FEB 19 PM 4:00

2/23/04

<b>DOCUMENT # A98000002658</b>	
1. Entity Name <b>ESTEIN &amp; ASSOCIATES ST. AUGUSTINE, LTD.</b>	



Principal Place of Business <b>% ESTEIN &amp; ASSOCIATES USA, LTD.          5211 INTERNATIONAL DRIVE          ORLANDO, FL 32819</b>	Mailing Address <b>% ESTEIN &amp; ASSOCIATES USA, LTD.          5211 INTERNATIONAL DRIVE          ORLANDO, FL 32819</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01192004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>59-3524298</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ESTEIN, LOTHAR          5211 INTERNATIONAL DRIVE          ORLANDO, FL 32819</b>		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$9,900.00</b>	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 #	P98000063979	STREET ADDRESS	
NAME	G.P. ESTEIN ST. AUGUSTINE CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	5211 INTERNATIONAL DRIVE		
CITY-ST-ZIP	ORLANDO, FL 32819		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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:** Lothar Estein **1-28-04** **(407) 354-3307**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE