


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

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000000184	
1. Entity Name 2585 ASSOCIATES LIMITED	

Principal Place of Business 3766 S.E. OCEAN BOULEVARD STUART FL 34996	Mailing Address 3766 S.E. OCEAN BOULEVARD STUART FL 34996
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. # etc
City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 52-2155013	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent TAYLOR, WM. FRED 3766 S.E. OCEAN BOULEVARD STUART FL 34996	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 Signature, typed or printed name of registered agent and title if applicable	DATE
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9. Capital Contributions as Shown on record. \$1,452,900.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P99000004839	STREET ADDRESS	
NAME	JOSH-JEN, INC.	CITY - ST - ZIP	
STREET ADDRESS	3766 S.E. OCEAN BOULEVARD		
CITY - ST - ZIP	STUART FL 34996		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			

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05/10/04-80032-019 526.25

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: 	4-13-04	772-219-0910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #