


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED

2005 APR 18 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B01000000082		
1. Entity Name CITIZENS ASSOCIATES, LTD.		

Principal Place of Business 1000 BRICKELL AVE. SUITE 910 MIAMI FL 33131	Mailing Address 1000 BRICKELL AVE. SUITE 910 MIAMI FL 33131
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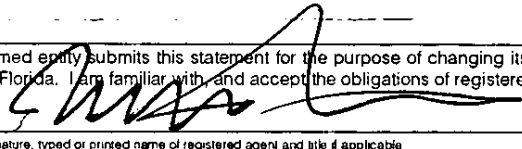
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 13-3150078		Applied For
		Not Applicable

6. Name and Address of Current Registered Agent SCHOTTENSTEIN, JEFFREY 1000 BRICKELL AVE. SUITE 910 MIAMI FL 33131		7. Name and Address of New Registered Agent Name Jeff Schottenstein Street Address (P.O. Box Number is Not Acceptable) 800 Brickell Ave St 1111 City Miami FL Zip Code 33131	
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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 _____		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
9. Capital Contributions as Shown on record. \$0.00	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 # NAME STREET ADDRESS CITY - ST - ZIP	F01000001350 CITIZENS ASSOCIATES, INC. 1000 BRICKELL AVE. SUITE 910 MIAMI FL 33131	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	500054200675
		CITY - ST - ZIP	05/10/05--01020--013 **150.00
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE