

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

FILED

04 MAY -5 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # B95000000107</b> 1. Entry Name <b>PALM ASSOCIATES, L.P., LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>570 DELAWARE AVENUE          BUFFALO, NY 14202</b>			Mailing Address <b>570 DELAWARE AVENUE          BUFFALO, NY 14202</b>		
2. Principal Place of Business <b>8441 COOPER CREEK BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>8441 COOPER CREEK BLVD</b> Suite, Apt. #, etc.			
City & State <b>UNIVERSITY PARK FL</b> Zip <b>34201</b> Country		City & State <b>UNIVERSITY PARK FL</b> Zip <b>34201</b> Country		4. FEI Number <b>16-1451245</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY          1201 HAYS STREET          TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>\$9,900.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	L93000000382		STREET ADDRESS	8441 COOPER CREEK BLVD	
NAME	BENDERSON-MANATEE, L.C.		CITY-ST-ZIP	UNIVERSITY PARK FL 34201	
STREET ADDRESS	570 DELAWARE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BUFFALO, NY 14202		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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			DAVID H. BALDAUF MGR OF GP Date: 4/22/2004 Daytime Phone #: 941.359.8303		

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