


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B95000000108			
1. Entity Name NORTHWEST PROMENADE ASSOCIATES, L.P., LIMITED PARTNERSHIP			
Principal Place of Business 570 DELAWARE AVENUE BUFFALO, NY 14202		Mailing Address 570 DELAWARE AVENUE BUFFALO, NY 14202	
2. Principal Place of Business 8441 COOPER CREEK BLVD		3. Mailing Address 8441 COOPER CREEK BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State UNIVERSITY PARK FL		City & State UNIVERSITY PARK FL	
Zip 34201		Zip 34201	
Country		Country	
4. FEI Number 16-1451246		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$9,900.00		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	L93000000382 BENDERSON-MANATEE, L.C. 570 DELAWARE AVENUE BUFFALO, NY 14202	STREET ADDRESS CITY- ST- ZIP	8441 COOPER CREEK BLVD UNIVERSITY PARK FL 34201
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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: David H. Baldauf		DAVID H. BALDAUF MGR OF GP	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date 4/22/2004 Daytime Phone # 941.359.8303	

STAPLE CHECK HERE