

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 26 AM 9:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A03000001220

1. Entity Name
 3030 ASSOCIATES, LTD.



Principal Place of Business: 18851 NE 29TH AVENUE, SUITE 900 AVENTURA, FL 33180
 Mailing Address: 18851 NE 29TH AVENUE, SUITE 900 AVENTURA, FL 33180

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

04212004 Chg-LP CR2E003 (10/03)

4. FEI Number: 20-0389926 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROUSSO, MARK E ESQ.
 18851 NE 29TH AVENUE, SUITE 900
 AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable): 500036278955
 05/14/04--01003--003 **526.25
 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: \$4,000,000.00
 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 #	P03000089880	STREET ADDRESS	
NAME	3030 ASSOCIATES, INC.	CITY-ST-ZIP	
STREET ADDRESS	18851 NE 29TH AVENUE, SUITE 900		
CITY-ST-ZIP	AVENTURA, FL 33180		
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Mark Russo Date: 04/29/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #