

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 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		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 04/29/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #