

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

DOCUMENT # A06738

1. Entity Name

REEF ASSOCIATES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 12 PM 12:38

Principal Place of Business

701 BRICKELL AVE.
SUITE 1400
MIAMI FL 33131

Mailing Address

701 BRICKELL AVE.
SUITE 1400
MIAMI FL 33131

2. Principal Place of Business

703 Waterford Way

3. Mailing Address

703 Waterford Way

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

City & State

Miami, FL

City & State

Miami, FL

Zip

33126

Country

Zip

33126

Country

4. FEI Number

59-1863350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PITTS, W. DOUGLAS
701 BRICKELL AVENUE
SUITE 1400
MIAMI, FL FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

703 Waterford Way

Suite 800

City

Miami

FL

Zip Code

33126

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$2,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # 249850
NAME COURTELIS COMPANY
STREET ADDRESS 701 BRICKELL AVE., STE. 1400
CITY-ST-ZIP MIAMI FL 33131

13. ADDRESS CHANGES ONLY

STREET ADDRESS 703 Waterford Way, Suite 800
CITY-ST-ZIP Miami, FL 33126

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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:

Douglas H. Prichard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/3/04
Date

305-261-4330
Daytime Phone #

STAPLE CHECK HERE