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

Inc.

SIGNAPHRE AND THEO OR PRINTED NAME OF SIGNING GENERAL PARTNER

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SIGNATURE:

## Apr 23, 2004 08:00 AM Secretary of State **DOCUMENT # A95000001679** LARA SPRINGS, LTD. Principal Place of Business Mailing Address 2900 UNIVESITY DRIVE 2900 UNIVESITY DRIVE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 01192004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 65-0625282 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INTRA REALTY, INC. 2900 UNIVESITY DRIVE Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS, FL 33065 City Zip Code FL 3. 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 16. Amount of Capital Contributions \$7,500.00 as Shown on record. 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 ADDRESS CHANGES ONLY DOCUMENT # 636619 STREET AGORESS INTRA REALTY, INC. NAME STREET ADDRESS 2900 UNIVESITY DRIVE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS, FL 33065 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <del>U00880145069</del> DOCUMENT # 05/03/04-80007-019 150.00 STREET AGORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP SITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1 19.07(3)(i), Rorida Statutés. 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 it made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute the report as required by Chapter 620, Florida Statutes

George Rahael President

4/16/04

954-753-9500

DayBree Phone #

**FILED**