


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

**FILED  
Apr 01, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # A95000001988**  
1. Entity Name  
**TOPPEL PARTNERS LIMITED PARTNERSHIP**



Principal Place of Business  
7900 GLADES RD. STE. 420  
BOCA RATON, FL 33434

Mailing Address  
7900 GLADES RD. STE. 420  
BOCA RATON, FL 33434

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01162004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-0253593**

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

**6. Name and Address of Current Registered Agent**

TOPPEL, JONATHAN  
7900 GLADES RD., STE. 420  
BOCA RATON, FL 33434

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$3,000,000.00**

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 #	S51867	STREET ADDRESS	
NAME	TOPP-HILL FARMS, INC.	CITY - ST - ZIP	
STREET ADDRESS	7900 GLADES ROAD, SUITE 420		
CITY - ST - ZIP	BOCA RATON, FL 33434		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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04/07/04-80001-014 528.25

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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)(c), 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:** Harold Toppel **Harold Toppel** 3/26/04 561-451-4696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #