

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

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000001391	
1. Entity Name THE MALONE SUH GROUP, LTD.	

Principal Place of Business 7634 CENTRAL INDUSTRIAL DRIVE RIVIERA BEACH FL 33404	Mailing Address 7634 CENTRAL INDUSTRIAL DRIVE RIVIERA BEACH FL 33404
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E003 (11/03)

4. FEI Number 65-0686584		Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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6. Name and Address of Current Registered Agent MALONE, STEVEN 7634 CENTRAL INDUSTRIAL DRIVE RIVIERA BEACH FL 33404	
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7. Name and Address of New Registered Agent	
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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.	
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SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable		DATE _____
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9. Capital Contributions as Shown on record. \$159,400.00	10. Amount of Capital Contributions in FLORIDA to date.
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11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.	
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NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.	
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12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
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DOCUMENT # P96000062236	NAME MALONE SUH INVESTMENTS, INC.	STREET ADDRESS	
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STREET ADDRESS 7634 CENTRAL INDUSTRIAL DRIVE		CITY - ST - ZIP	
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CITY - ST - ZIP RIVIERA BEACH FL 33404			
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DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS		CITY - ST - ZIP	
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CITY - ST - ZIP			
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STREET ADDRESS		CITY - ST - ZIP	
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CITY - ST - ZIP			
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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)(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.			
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SIGNATURE:  **V.P.**

3/1/04 (561) 848-7272

STAPLE CHECK HERE