2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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

DOCUMENT # A9700002567 1. Entity Name MCCREADY MANHATTAN LIMITED PARTNERSHIP Principal Place of Business 670 WEST MARKET STREET AKRON, OH 44303 2. Principal Place of Business Suite, Apt #, etc Suite, Apt #, etc O4212004 Chg-LP CR2E003 (10/03)		Due by	may 1, 2004	·		_	Se	cretary of State
670 WEST MARKET STREET AKRON, OH 44303 2. Principid Place of Business Suite, Apt # etc Suite, Apt # etc Suite, Apt # etc City & State Ci	1. Entity Name					Secretary of State		
670 WEST MARKET STREET AKRON, OH 44303 2. Principal Pace of Business 3. Making Acdress Suite, Apt # etc City & Stato Country S. Certificate of Status Desired See Required FAGA, ANTONIO ESQ, 7955 AIRPORT RD, NORTH STE: 101 NAPLES, FL 34109 City FL Zip Code City F	2		44-11			-		
Suite, Apt #, etc Suite, Apt #, etc. 04212004 Chg-LP CR2E003 (10/03)	670 WEST MARKET STREET 670 WEST MARKET ST							
Suite. Apt # etc Suite. Apt # etc O4212004 Chg-LP CR2E003 (10/03) City & State City & State City & State City & State Sp-3481995 Not Applied For Sp-3481995 Not Applied								
City & State City & State Desired Sine and Address of Current Registered Agent 7. Name and Address of New Registered Agent FAGA, ANTONIO ESQ. 7955 AIRPORT RD, NORTH STreet Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity subtritis this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the collapse city of the collapse city. Signature Types or printed name of registered agent are offer apphased agent are offer apphased agent are offer apphased as Shown on record. Signature Types or printed name of registered agent. A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOTE be changed on the form; an amendment must be filled to change a general partner. City Size Address INSECTIONESS	Principal Place of Business 3. Mailing Address			S				
September Sept	Suite, Apt. #, etc. Suite, Apt. #, etc.			c.		04212004	Chg-LP	CR2E003 (10/03)
Signature Signature South Status Desired Status Desired Status Desired Status Desired Status Desired Status Desired See Required So. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name 8. Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent. Signature September 1. Signature S	City & State City & State				4. FEI Number App		Applied For	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAGA, ANTONIO ESQ. 7955 AIRPORT RD. NORTH STE. 101 NAPLES, FL 34109 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 accident obligations of registered agent. SIGNATURE Signature, hipped or printed name of registered agent and later applicable 9. Capital Contributions as Shown on record. \$5,000,000.00 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 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 / NAME 13. ADDRESS CHANGES ONLY STREET ADDRESS 1832 GALLEON DR. NAPLES, FL 34102 STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRE	Zip	Country Zip			try	5 Certificate of Status Desired \$8.75 Additional		
FAGA, ANTONIO ESQ. 7955 AIRPORT RD. NORTH STE: 101 NAPLES, FL 34109 City FL Zip Code City	6, Name	and Address of Curre	ent Registered Agent			7. Name and	Address of New F	
STEEL 101 NAPLES, FL 34109 City City FL Zip Code 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and account the obligations of registered agent. SIGNATURE Signature, hypod or printed name of registered agent and offer applicable 9. Capital Contributions as Shown on record. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME MCCREADY, JAMES 1832 GALLEON DR. CITY-SI-ZIP DOCUMENT / NAME STREET ADDRESS CITY-SI-ZIP					Name			
Example 1. State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent. SIGNATURE Signature typed or printed nume of registered agent and titled applicable. 9. Capital Contributions as Shown on record. \$5,000,000.00 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION I3. ADDRESS CHANGES ONLY DOCUMENT / NAME SIRRET ADDRESS 1832 GALLEON DR. NAPLES, FL 34102 DOCUMENT / NAME SIRRET ADDRESS CITY-ST-ZIP	7955 AIRPORT RD. NORTH STE. 101				Street Address (P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accorde obligations of registered agent. SIGNATURE Signature. Typed or printed name of registered agent and late if applicable. 9. Capital Contributions as Shown on record. \$5,000,000.00 10. Amount of Capital Contributions in FLORIDA to date. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY OCCUMENT / NAME STREET ADDRESS 1832 GALLEON DR. NAPLES, FL 34102 DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP OCCUMENT / NAME STREET ADDRESS CITY-ST-ZIP					City			Zip Code
The obligations of registered agent. SIGNATURE Sprigure. Typed or printed name of registered agent and life if applicable. 9. Capital Contributions as Shown on record. \$5,000,000.00 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME MCCREADY, JAMES 1832 GALLEON DR. CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS STREET ADD								FL
DOCUMENT / NAME MCCREADY, JAMES SIREET ADDRESS 1832 GALLEON DR. CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP COCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	as Shown on record.	ENERAL PARTNE	IN FLORI	DA to date SS ENTITY M	UST BE REGIS	TERED AND A	CTIVE WITH TH	IIS OFFICE. eneral partner.
NAME MCCREADY, JAMES STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	12.	GENERAL PARTI	NER INFORMATION	13.			ADDRESS CH	ANGES ONLY
STREET ADDRESS 1832 GALLEON DR. CITY-ST-ZIP CITY-S				STRE	ET ADDRESS			
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP								
DOCUMENT #				CITY	-ST-ZIP			
CITY-ST-ZIP CITY-ST-ZIP COCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	DOCUMENT #			STRE	ET ADDRESS		000000	0159397 .00020_005 E26 26
NAME STREET ADDRESS CITY-ST-7IP	ľ			CITY	- ST - ZIP			03020 003 020.23
■ CITY - ST-7IP i	NAME			STRE	FT ADDRESS			
	CITY-SI-ZIP			CITY	- ST - ZIP			
OCCUMENT / NAME STREET ADDRESS STREET ADDRESS	NAME			STRE	ET ADORESS	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP COMPANY A	CITY-ST-ZIP							
STREET ADDRESS STREET ADDRESS CITY-SI-ZIP	NAME							
DDCUMENT / STREET ADDRESS		<u> </u>						
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS				<u> </u>	·		
14. I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes further certify that the information				L_				