

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

**DOCUMENT # A98000000394**

1. Entity Name  
**MILAN-DAVIS PROPERTIES, LTD.**



Principal Place of Business  
**17 DAVIS BOULEVARD  
TAMPA, FL 33606**

Mailing Address  
**111 EAST 61ST ST.  
NEW YORK, NY 10021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004

Chg-LP

CR2E003 (10/03)

4. FEI Number

**59-3492930**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIGHTFOOT, OMAR K JR.  
9385 N. 56TH ST., SUITE 202  
TEMPLE TERRACE, FL 33617**

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

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

DATE

9. Capital Contributions  
as Shown on record:

**\$99,000.00**

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 # **P98000012346**  
NAME **SEVENTEEN DAVIS REALTY CORPORATION**  
STREET ADDRESS **111 EAST 61ST STREET**  
CITY-ST-ZIP **NEW YORK, NY 10021**

STREET ADDRESS

CITY-ST-ZIP

**700027111777**  
**01/16/04--01060--014 \*\*526.25**

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**BRUCE SLOVIN**

Date

Daytime Phone #

**FILED**

**2004 JAN 16 AM 8:37**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**



STAPLE CHECK HERE