

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
04 MAR 16 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK



01212004 Chg-LP CR2E003 (10/03)

4. FEI Number **59-3631151** Applied For ☐ Not Applicable ☐

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

DOCUMENT # A99000002084
 1. Entity Name
CURTIS COMMERCIAL & INDUSTRIAL DEVELOPMENT, LTD.



Principal Place of Business
11635 N.W. FIRST AVENUE
GAINESVILLE, FL 32607

Mailing Address
11635 N.W. FIRST AVENUE
GAINESVILLE, FL 32607

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

6. Name and Address of Current Registered Agent

CURTIS, JOHN M
11635 N.W. FIRST AVENUE
GAINESVILLE, FL 32607

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. \$475.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P99000107606	STREET ADDRESS	
NAME	CURTIS COMMERCIAL & INDUSTRIAL DEV., INC.	CITY-ST-ZIP	
STREET ADDRESS	11635 N.W. FIRST AVENUE		
CITY-ST-ZIP	GAINESVILLE, FL 32607		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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04/06/04--01006--005 **150.00

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: _____ **John M. Curtis**
 _____ **Director** **2/26/04 352-332-0838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE