

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

FILED

2004 APR 21 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A33241

1. Entity Name  
**TRILOGY HOLDINGS, LTD.**



Principal Place of Business

**800 BRICKELL AVE  
SUITE 201  
MIAMI, FL 33131**

Mailing Address

**800 BRICKELL AVE  
SUITE 201  
MIAMI, FL 33131**



2. Principal Place of Business

**2665 South Bayshore Dr  
Suite 601  
Coconut Grove, FL**

3. Mailing Address

**2665 South Bayshore Dr  
Suite 601  
Coconut Grove, FL**

City & State

**Coconut Grove, FL**

City & State

**Coconut Grove, FL**

Zip

**33133**

Country

**USA**

Zip

**33133**

Country

**USA**

03182004

Chg-LP

CR2E003 (10/03)

4. FEI Number  
**65-0346058**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RAZOOK, RICHARD J  
C/O FOLEY & LARDNER  
800 BRICKELL AVE SUITE 201  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **Razook, Richard J.**  
Street Address (P.O. Box Number is Not Acceptable)  
**Hunt + Williams**  
**1111 Brickell Ave Ste 2500**  
City **Miami** FL Zip Code **33131**

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)*  
Signature typed or printed name of registered agent and title if applicable

DATE

**April 2, 2004**

9. Capital Contributions  
as Shown on record.

**\$108,090,946.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**108,090,946.00**

**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

DOCUMENT # **V11778**  
NAME **CARDINAL HOLDINGS, INC.**  
STREET ADDRESS **800 BRICKELL AVE., STE 201**  
CITY-ST-ZIP **MIAMI, FL 33131**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **2665 South Bayshore Dr Ste 601**  
CITY-ST-ZIP **Coconut Grove, FL 33133**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/31/04**

Date

**305-285-0038**

Daytime Phone #

STAPLE CHECK HERE