

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000000892

1. Entity Name
ALLISON HOLDINGS, LTD.



Principal Place of Business
1 SOUTHEAST 3RD AVENUE, SUITE 2950
MIAMI, FL 33131

Mailing Address
1 SOUTHEAST 3RD AVENUE, SUITE 2950
MIAMI, FL 33131



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

07072004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0923516

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

BERMONT, PETER L
1 SOUTHEAST 3RD AVENUE, SUITE 2950
MIAMI, FL 33131

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]

7/10/04

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

DATE

9. Capital Contributions as Shown on record **\$2,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,248,294**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 # **P99000049232**
NAME **ALLISON HOLDINGS, INC.**
STREET ADDRESS **1 SOUTHEAST 3RD AVENUE, SUITE 2950**
CITY-ST-ZIP **MIAMI, FL 33131**

STREET ADDRESS

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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)(f), 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 this limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

[Signature]

7/10/04

305-577-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Telephone Number

STAPLE CHECK HERE