

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A00000000045 1. Entity Name BROWARD LAKES BUSINESS VENTURES, LTD.					
Principal Place of Business 1003 SHOTGUN RD. SUNRISE, FL 33326			Mailing Address 1003 SHOTGUN RD. SUNRISE, FL 33326		
2. Principal Place of Business Suite Apt. #, etc.		3. Mailing Address Suite Apt. #, etc.			
City & State		City & State		04302004 Chg-LP CR2E003 (10/03)	
Zip Country		Zip Country		4. FEI Number 65-0977178	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Accepted For Not Accepted	
6. Name and Address of Current Registered Agent RESTREPO, FERNAN 1003 SHOTGUN RD. SUNRISE, FL 33326				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number's 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 _____					
9. Capital Contributions as Shown on record \$1,000,000.00			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 INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # P99000093041 NAME BROWARD LAKES BUSINESS VENTURES, INC. STREET ADDRESS 1003 SHOTGUN RD. CITY ST ZIP SUNRISE, FL 33326			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		
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)(C), 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: _____ FERNAN RESTREPO 4/30/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE

U00000158214
05/10/04 08020-031 526.25