

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

**DOCUMENT # A00000000321**

1. Entity Name  
**CANDY RAE LIMITED PARTNERSHIP**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR 26 AM 8:33

Principal Place of Business  
 32521 WASHINGTON LOOP RD.  
 PUNTA GORDA, FL 33982

Mailing Address  
 32521 WASHINGTON LOOP RD.  
 PUNTA GORDA, FL 33982



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082004 Chg-LP CR2E003 (10/03)

4. FEI Number  
 01-0691576

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

EZZI, CINDA R  
 32521 WASHINGTON LOOP RD.  
 PUNTA GORDA, FL 33982

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

300032589903  
 04/13/04--01025--017 \*\*\$73.75

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. \$0.00

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 #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 EZZI, CINDA R  
 32521 WASHINGTON LOOP RD  
 PUNTA GORDA, FL

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 EZZI, DOMINIC  
 32521 WASHINGTON LOOP RD  
 PUNTA GORDA, FL

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
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DOCUMENT #  
 NAME  
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 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03-24-04

Date

941-6779887

Daytime Phone #

STAPLE CHECK HERE