

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A00000000454

1. Entity Name
NEW CENTURY ENTERPRISES, LTD.



FILED

04 APR 23 PM 2:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**107 VIA CAPRI
PALM BEACH GARDENS, FL
33418**

Mailing Address
**107 VIA CAPRI
PALM BEACH GARDENS, FL
33418**

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03062004 Chg-LP CR2E003 (10/03)

4. FEI Number
52-2224783

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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. **\$14,897,926.00**

10. Amount of Capital Contributions in FLORIDA to date. **16,331**

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 #	P00000024013	STREET ADDRESS	
NAME	NEW CENTURY MANAGEMENT CORP.	CITY-ST-ZIP	
STREET ADDRESS	107 VIA CAPRI		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		
DOCUMENT #		STREET ADDRESS	000035829470
NAME		CITY-ST-ZIP	05/10/04--01095--026 **203.06
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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: *X Edgar Smith Wadsworth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/13/04** Daytime Phone #

STAPLE CHECK HERE