## 2004 LIMITED PARTNERSHIP ANNUAL REPORT

## **Due By May 1, 2004** SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT #-A00000000455 LUCKY RAE LIMITED PARTNERSHIP NL MAR 26 AM 8: 33 Principal Place of Business Mailing Address 32521 WASHINGTON LOOP RD 32521 WASHINGTON LOOP RD PUNTA GORDA, FL 33982 PUNTA GORDA, FL 33982 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 CR2E003 (10/03) Chg-LP City & State Applied For City & State 4. FEI Number 01-0691552 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EZZI, CINDA RAE 32521 WASHINGTON LOOP RD PUNTA GORDA, FL 33982 \*\*573.75 City 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 10. Amount of Capital Contributions \$500.00 as Shown on record. 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # STREET ADDRESS NAME EZZI, CINDA RAE STREET ADDRESS 32521 WASHINGTON LOOP RD CITY-ST-ZIP CITY -ST-ZIP PUNTA GORDA, FL 33982 DOCUMENT # STREET ADDRESS NAME EZZI, DOMINIC STREET ADDRESS 32521 WASHINGTON LOOP RD CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA, FL 33982 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

PRINTED NAME OF SIGNING GENERAL PARTNER

CITY-ST-7IP

STREET ADDRESS

SIGNATURE:



DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS