2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 26 AM 8:33

DOCUMENT #A00000000455

1. Entity Name
LUCKY RAE LIMITED PARTNERSHIP

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

01082004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 01-0691552 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

EZZI, CINDA RAE
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)

600032589896
04/13/04--01025--017 **573.75

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. $500.00

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 #		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	
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STAPLE CHECK HERE

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: ______________________ 03-24-04 941-637-9772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #