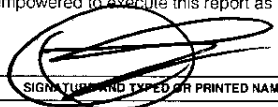


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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 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		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			4. FEI Number 01-0691552		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable					
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 #	NAME		STREET ADDRESS		
NAME	EZZI, CINDA RAE		CITY - ST - ZIP		
STREET ADDRESS	32521 WASHINGTON LOOP RD		CITY - ST - ZIP		
CITY - ST - ZIP	PUNTA GORDA, FL 33982		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	EZZI, DOMINIC		CITY - ST - ZIP		
STREET ADDRESS	32521 WASHINGTON LOOP RD		CITY - ST - ZIP		
CITY - ST - ZIP	PUNTA GORDA, FL 33982		CITY - ST - ZIP		
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NAME			CITY - ST - ZIP		
STREET ADDRESS			CITY - ST - ZIP		
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					
SIGNATURE: 			03-24-04 941-627-9272 Date Daytime Phone #		

STAPLE CHECK HERE