


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY SEPTEMBER 8, 2004**

**FILED**  
**Sep 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000000487</b>			
1. Entity Name <b>S.C. BADANES LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>600 S.W. 21ST ROAD MIAMI FL 33129</b>		Mailing Address <b>600 S.W. 21ST ROAD MIAMI FL 33129</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>BADANES, SAMUEL 600 S.W. 21ST ROAD MIAMI FL 33129</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record. <b>\$3,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	BADANES, SAMUEL	STREET ADDRESS	
NAME	600 S.W. 21ST ROAD	CITY-ST-ZIP	
STREET ADDRESS	MIAMI FL 33129		
CITY-ST-ZIP			
DOCUMENT #	BADANES, CLARICE	STREET ADDRESS	
NAME	600 S.W. 21ST ROAD	CITY-ST-ZIP	
STREET ADDRESS	MIAMI FL 33129		
CITY-ST-ZIP			
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CITY-ST-ZIP			



MOORE CR2E003 (4/04)

4. FEI Number **65-0994589** Applied For  
Not Applicable

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

**11. FILE NOW!!! Due by September 8, 2004!**  
**See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee.** ☒

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:**

*Sam Badanes* 8-18-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

305 8540777

STAPLE CHECK HERE