


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Feb 17, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|-------------------------------|---|--|--|--|
| DOCUMENT # A00000000615 | | | |  | |
| 1. Entity Name PUZAK LIMITED PARTNERSHIP | | | | | |
| Principal Place of Business 100 GLENVIEW PLACE, APT. #804 C/O ELIZABETH K. PUZAK NAPLES FL 34108 | | | Mailing Address 100 GLENVIEW PLACE, APT. #804 C/O ELIZABETH K. PUZAK NAPLES FL 34108 | | |
| 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 59-3643030 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. 4501 TAMiami TRAIL NORTH SUITE 300 NAPLES FL 34103 | | | 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 _____ <small>Signature, typed or printed name of registered agent and date, if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. | | 10. Amount of Capital Contributions in FLORIDA to date. | | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION | |
| | | | | | |
| 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 | PUZAK, ELIZABETH K | | CITY-ST-ZIP | | |
| STREET ADDRESS | 100 GLENVIEW PLACE, APT. #804 | | | | |
| CITY-ST-ZIP | NAPLES FL 34108 | | | | |
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| 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: <u>Elizabeth K. Puzak</u> Elizabeth K. Puzak 2/9/04 239-594-5727 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small> | | | | | |



MOORE CR2E003 (11/03)

STAPLE CHECK HERE