


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 14 PM 12:58

| | | | | | |
|---|---------------------------|---|--|---|--|
| DOCUMENT # A00000000644 1. Entity Name THE NILSEN FAMILY LIMITED PARTNERSHIP | | | |  | |
| Principal Place of Business 3164 INVERNESS FORT LAUDERDALE, FL 33332 | | | Mailing Address 3164 INVERNESS FORT LAUDERDALE, FL 33332 | | |
| 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 65-1004729 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| NILSEN, RICHARD B 3164 INVERNESS FORT LAUDERDALE, FL 33332 | | | Name Street Address (P.O. Box Number is Not Acceptable) 800032590018 04/13/04--01025--018 **141.25 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$5,000.00 | | 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 | | |
| | NILSEN, RICHARD B | | CITY-ST-ZIP | | |
| | 3164 INVERNESS | | | | |
| | FORT LAUDERDALE, FL 33332 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| | | | CITY-ST-ZIP | | |
| | | | | | |
| | | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| | | | CITY-ST-ZIP | | |
| | | | | | |
| | | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| | | | CITY-ST-ZIP | | |
| | | | | | |
| | | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| | | | 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: <i>Richard B. Nilsen</i> | | | 6 APR 2004 954-384-7434 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | <small>Date Daytime Phone #</small> | | |

STAPLE CHECK HERE