


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001056 1. Entity Name GAK PARTNERS, LTD.		
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Principal Place of Business 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431	Mailing Address 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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GAK EQUITY, INC. 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.	
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SIGNATURE _____		DATE _____	
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9. Capital Contributions as Shown on record. \$7,500.00		10. Amount of Capital Contributions in FLORIDA to date.	
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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.			
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12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
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DOCUMENT #	P00000063965	STREET ADDRESS	
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NAME	GAK EQUITY, INC.	CITY - ST - ZIP	
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STREET ADDRESS	2300 GLADES ROAD, SUITE 100E	CITY - ST - ZIP	
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CITY - ST - ZIP	BOCA RATON, FL 33431	CITY - ST - ZIP	
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STREET ADDRESS		CITY - ST - ZIP	
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CITY - ST - ZIP		CITY - ST - ZIP	
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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.			
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SIGNATURE: _____		Date	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	
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William R. Greenfield		3/15/04	
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561-392-6662			
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01292004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-1021108

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

6. Name and Address of Current Registered Agent

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 _____ DATE _____

9. Capital Contributions as Shown on record. **\$7,500.00**

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STAPLE CHECK HERE