

2004 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2004****FILED****Apr 09, 2004 08:00 AM**
Secretary of State**DOCUMENT # A00000001126**1. Entity Name
INDUSTRIAL DEVELOPMENT CO. OF AMERICA, LLLPPrincipal Place of Business
**4100 NORTH POWERLINE ROAD, SUITE B-2
POMPANO BEACH, FL 33073**Mailing Address
**4100 NORTH POWERLINE ROAD, SUITE B-2
POMPANO BEACH, FL 33073**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162004

Chg-LP

CR2E003 (10/03)

4. FCI Number
65-1023235Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****LASSER, LEE S
4100 NORTH POWERLINE ROAD, SUITE B-2
POMPANO BEACH, FL 33073****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

Signature of the registered agent and the Approver

DATE

9. Capital Contributions
as Shown on record. **\$5,010,000.00**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**DOCUMENT # **A00000001106**
NAME **LEE S. LASSER FAMILY LIMITED PARTNERSHIP**
STREET ADDRESS **4100 NORTH POWERLINE ROAD, SUITE B-2**
CITY ST ZIP **POMPANO BEACH, FL 33073**DOCUMENT # **A00000001125**
NAME **AUGUSTINE FERRERA FAMILY LIMITED PARTNERSHIP**
STREET ADDRESS **6601 LYONS ROAD, SUITE C-1**
CITY ST ZIP **COCONUT CREEK, FL 33073**DOCUMENT # **A01000001204**
NAME **MICHAEL J. FERRERA FAMILY LTD PARTNERSHIP #2**
STREET ADDRESS **6601 LYONS ROAD, SUITE C-1**
CITY ST ZIP **COCONUT CREEK, FL 33073**DOCUMENT #
NAME
STREET ADDRESS
CITY ST ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY ST ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY ST ZIP**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY ST ZIP

STREET ADDRESS

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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)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

LEE S. LASSER

Date

Check the Phone #