

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001571 1. Entity Name CODINA CYBERPORT, LTD.					
Principal Place of Business 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134			Mailing Address 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02172004 Chg-LP CR2E003 (10/03)	
Zip Country		Zip Country		4. FEI Number 65-1047661	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent COBB, KOLLEEN O.P. 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134			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 _____ Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$2,100,000.00			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 #	P00000096578		STREET ADDRESS		
NAME	CODINA CYBERPORT, INC. ✓		CITY-ST-ZIP		
STREET ADDRESS	355 ALHAMBRA CIRCLE, SUITE 900		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
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CITY-ST-ZIP			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>Codina Cyberport, Inc.</i> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			3-4-04 305 520 2700 Date Daytime Phone #		

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