

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001617

1. Entity Name
SAPP FAMILY PARTNERSHIP, LTD.



Principal Place of Business
**21802 CONTADO ROAD
BOCA RATON, FL 33433**

Mailing Address
**21802 CONTADO ROAD
BOCA RATON, FL 33433**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
65-1050032

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**COLLIER, DOUGLAS J
800 FAIRWAY DRIVE, SUITE 370
LINCOLN FINANCIAL ADVISORS
DEERFIELD BEACH, FL 33441-1831**

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, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record. **\$1,000,000.00**

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 # **P00000100785**
NAME **SAPP FAMILY CORP.**
STREET ADDRESS **21802 CONTADO ROAD**
CITY- ST- ZIP **BOCA RATON, FL 33433**

STREET ADDRESS

CITY- ST- ZIP

**U00000131451
04/27/04-80006-012 526.25**

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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)(b), 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

Date

Daytime Phone #

**4-12-04 954-429-0090
x 133**

STAPLE CHECK HERE