


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001653 1. Entity Name VRABLE AND ASSOCIATES, LTD.		
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Principal Place of Business 9456 CEDAR RIDGE LANE SARASOTA, FL 34238	Mailing Address 9456 CEDAR RIDGE LANE SARASOTA, FL 34238
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02192004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1051640	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VRABLE, LOIS 9456 CEDAR RIDGE LANE SARASOTA, FL 34238		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,999,600.00	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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	VRABLE, LOIS A TRUSTEE 9456 CEDAR RIDGE LANE SARASOTA, FL 34238	STREET ADDRESS	U000000087380 03/15/04-88808-013 528.25
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		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 *Lois A. Vrable* **Lois A. Vrable** 3-1-04 941-918-8470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE