

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A00000001802

1. Entity Name

ECO LIGHTING LIMITED PARTNERSHIP



Principal Place of Business

**321 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441**

Mailing Address

**321 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**STREET, BRIAN
321 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

Name

TED STOTZER

Street Address (P.O. Box Number is Not Acceptable)

321 E HILLSBORO BLVD

City

DEERFIELD BEACH FL

FL

Zip Code
33441

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

3/30/04

9. Capital Contributions
as Shown on record.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **P00000110042**
NAME **ECO LIGHTING INC**
STREET ADDRESS **321 E HILLSBORO BLVD**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**200032976352
04/16/04--01065-016 **141.25**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-8-04 954-418-0208

APPROVED
AND
FILED

04 APR -9 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE

CR2E003 (11/03)