2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A00000001962

1. Entity Name
THE LUBECK III FAMILY LIMITED PARTNERSHIP

FILED
04 JUL 19 PM 1:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business	Mailing Address
1250 N OCEAN DR SINGER ISLAND, FL 33404	1250 N OCEAN DR SINGER ISLAND, FL 33404

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04082004 Chg-LP CR2E003 (10/03) 7/19

4. FEI Number
65-1061727
Applied For
Not Applicable

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
LUBECK, GEORGE FRANCIS JR 1250 N OCEAN DR SINGER ISLAND, FL 33404	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.	$34,000.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	 LUBECK, GEORGE FRANCIS, JR., TRUSTEE 728 ROBIN WAY NORTH PALM BEACH, FL 33408	STREET ADDRESS CITY-ST-ZIP	900039864049 08/04/04--01022--007 **326.75
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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] 4-12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #