

# **2004 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A01000000008

**FILED**  
**May 01, 2004**  
**Secretary of State**

**Entity Name:** PROFESSIONAL ASSOCIATES OF FLORIDA, LTD.

**Current Principal Place of Business:**

12623 NEW BRITTANY BLVD.  
FORT MYERS, FL 33907

**New Principal Place of Business:**

13241 UNIVERSITY DRIVE  
SUITE 104  
FORT MYERS, FL 33907 US

**Current Mailing Address:**

12623 NEW BRITTANY BLVD.  
FORT MYERS, FL 33907

**New Mailing Address:**

13241 UNIVERSITY DRIVE  
SUITE 104  
FORT MYERS, FL 33907 US

**FEI Number:** 65-1063503

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANAUX, DAVID D  
13241 UNIVERSITY DRIVE  
SUITE 103  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 37,500.00

**Amount of Capital Contributions in Florida to date:** 37,500.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: SUCCESS USA, INC.

Address: 13241 UNIVERSITY DRIVE, SUITE 103

City-St-Zip: FORT MYERS, FL 33907

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID D. LANAUX

GP

05/01/2004

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date