

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 JAN 21 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000164

1. Entity Name
BIGGS PARTNERSHIP, LTD.



Principal Place of Business
**3210 ST. CHARLES PLACE
BOCA RATON, FL 33434**

Mailing Address
**3210 ST. CHARLES PLACE
BOCA RATON, FL 33434**



01112004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-1142126

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BIGGS, ARTHUR E
3210 ST. CHARLES PLACE
BOCA RATON, FL 33434**

7. Name and Address of New Registered Agent

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. **\$1,188,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. 526.25

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 # **P97000107982**
NAME **GREENWICH CAPITAL CORPORATION**
STREET ADDRESS **3210 ST. CHARLES PLACE**
CITY-ST-ZIP **BOCA RATON, FL 33434**

STREET ADDRESS
CITY-ST-ZIP
500027308725
01/21/04--01007--019 **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)(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 #

STAPLE CHECK HERE