

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000000305

1. Entity Name
CENTORQUE, LTD.



Principal Place of Business
1155 HILLSBORO MILE, STE 602
HILLSBORO BEACH, FL 33062-1744

Mailing Address
1155 HILLSBORO MILE, STE 602
HILLSBORO BEACH, FL 33062-1744



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-1104484

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEIBOWITZ, PATRICIA
1155 HILLSBORO MILE, STE 602
HILLSBORO BEACH, FL 33062-1744

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

Patricia Leibowitz

Patricia Leibowitz, Sec./Treas

4/19/05

DATE

9. Capital Contributions
 as Shown on record.

\$381,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

\$381,000.00

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

MNL-WITZ INC
1155 HILLSBORO MILE, STE #602
HILLSBORO BEACH, FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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STREET ADDRESS

CITY-ST-ZIP

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:

Patricia Leibowitz

Patricia Leibowitz

4/19/05

954-480-6485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE