

2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

FILED

04 MAY -3 PM 6:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04292004 Cng-LP CR2E003 (10/03)

DOCUMENT # A01000000315					
1. Entity Name PETUNIA PROPERTIES, LTD.					
Principal Place of Business 440 S. FEDERAL HIGHWAY #103 DEERFIELD BEACH, FL 33441			Mailing Address 440 S. FEDERAL HIGHWAY #103 DEERFIELD BEACH, FL 33441		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1091711	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IMBRIALE, ANN MARIE 2731 NE 14TH STREET POMPANO BEACH, FL 33062			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 <i>[Signature]</i> DATE					
9. Capital Contributions as Shown on record. \$0.00 141.25			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 #	L01000003366		STREET ADDRESS		
NAME	PETUNIA MANAGEMENT, LLC		CITY-ST-ZIP		
STREET ADDRESS	440 S. FEDERAL HIGHWAY SUITE 204				
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			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 <i>[Signature]</i>			Date 4/26/2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		

STAPLE CHECK HERE

200036548192
05/19/04-01048-001 **141.25LP
141.25
+
150.00*[Signature]*