FILED
Mar 04, 2004 08:00 AM
Secretary of State

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A01000000513

1. Entity Name
SAOUD PROPERTIES LLLP

Principal Place of Business	Mailing Address
8823 SAN JOSE BLVD. SUITE 310 JACKSONVILLE, FL 32217	8823 SAN JOSE BLVD. SUITE 310 JACKSONVILLE, FL 32217

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

02202004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3712230 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., SUITE 3000
MIAMI, FL 33131

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $1,000.00

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	SAOUD, EDMOND R	STREET ADDRESS	
STREET ADDRESS	8823 SAN JOSE BLVD., SUITE 310		
CITY-ST-ZIP	JACKSONVILLE, FL 32217	CITY-ST-ZIP	U00000087478 ~~03/15/04 00013 023 141.25~~
DOCUMENT #			
NAME	SAOUD, HIKMAT H	STREET ADDRESS	
STREET ADDRESS	8823 SAN JOSE BLVD., SUITE 310		
CITY-ST-ZIP	JACKSONVILLE, FL 32217	CITY-ST-ZIP	
DOCUMENT #			
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STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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: EDMOND SAOUD FEB 26, 04 904-737-88[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #