

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A01000000513		
1. Entity Name SAOUD PROPERTIES LLLP		

Principal Place of Business 8823 SAN JOSE BLVD. SUITE 310 JACKSONVILLE, FL 32217	Mailing Address 8823 SAN JOSE BLVD. SUITE 310 JACKSONVILLE, FL 32217
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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		7. Name and Address of New Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., SUITE 3000 MIAMI, FL 33131		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.

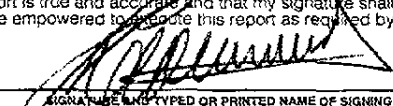
9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SAOUD, EDMOND R	CITY-ST-ZIP	
STREET ADDRESS	8823 SAN JOSE BLVD., SUITE 310		
CITY-ST-ZIP	JACKSONVILLE, FL 32217		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SAOUD, HIKMAT H	CITY-ST-ZIP	
STREET ADDRESS	8823 SAN JOSE BLVD., SUITE 310		
CITY-ST-ZIP	JACKSONVILLE, FL 32217		
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CITY-ST-ZIP			

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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, 04 804-737-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE