
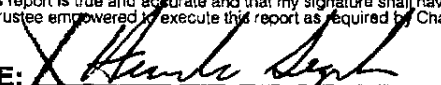


FILED

Apr 30, 2004 08:00 AM
Secretary of State**2004 LIMITED PARTNERSHIP ANNUAL REPORT**
Due By May 1, 2004

| | | | |
|--|--------------------------------|---|---------|
| DOCUMENT # A01000000563 | |  | |
| 1. Entity Name THE SEGALAS LIMITED PARTNERSHIP | | | |
| Principal Place of Business 10625 WITTINGTON AVENUE VERO BEACH, FL 32963 | | Mailing Address 10625 WITTINGTON AVENUE VERO BEACH, FL 32963 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent O'HAIRE, MICHAEL 3111 CARDINAL DRIVE VERO BEACH, FL 32963 | | 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 _____ <small>Signature, typed or printed name of registered agent and use if applicable.</small> | | | |
| 9. Capital Contributions as Shown on record. \$10,000,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. \$1,212,608 | |
| 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 # | P00000007119 | STREET ADDRESS | |
| NAME | SEGALAS CORPORATION | CITY - ST - ZIP | |
| STREET ADDRESS | 10625 WITTINGTON AVENUE | | |
| CITY - ST - ZIP | VERO BEACH, FL 32963 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
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| 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)(f), 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:  | | Date: 4/27/04 Daytime Phone #: 772-345 9682 | |



02092004 Chg-LP CR2E003 (10/03)

4. FEI Number **65-1095613** Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

STAPLE CHECK HERE