

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A01000000727

1. Entity Name
A/C REFRIGERATION SPECIALISTS OF SW FLORIDA, LTD.



FILED
04 JUN -7 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262004 Chg-LP CR2E003 (10/03)

Principal Place of Business
13100 BROOKSHIRE LAKE BLVD
FT. MYERS, FL 33912

Mailing Address
13100 BROOKSHIRE LAKE BLVD
FT. MYERS, FL 33912

2. Principal Place of Business
6440 Arbor Ave
Suite, Apt. #, etc.

3. Mailing Address
6440 Arbor Ave
Suite, Apt. #, etc.

City & State
Ft. Myers, FL

City & State
Ft. Myers, FL

Zip
33905

Country
LEE

Zip
33905

Country
LEE

4. FEI Number
65-1106437

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLTZLEITER, JAMES
13100 BROOKSHIRE LAKE BLVD.
FT. MYERS, FL 33912

7. Name and Address of New Registered Agent

Name
Mersch, Larry

Street Address (P.O. Box Number is Not Acceptable)
6440 Arbor Ave.

City
Ft. Myers

FL

Zip Code
33905

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 *Larry Mersch* x 4-26-04
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$0.00

10. Amount of Capital Contributions in FLORIDA to date. *LAM*
~~\$100.00~~ \$0.00

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 #	HOLTZLEITER, JAMES	STREET ADDRESS	
NAME	13100 BROOKSHIRE LAKE BLVD	CITY-ST-ZIP	500037873435
STREET ADDRESS	FT MYERS, FL		06/11/04--01035--022 **141.25
CITY-ST-ZIP			
DOCUMENT #	MERSCH, LARRY	STREET ADDRESS	
NAME	6440 ARBOR AVE.	CITY-ST-ZIP	
STREET ADDRESS	FT MYERS, FL		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: *Larry Mersch* x 4-26-04
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #