


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

FILED  
04 JAN 20 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A0100000733**  
1. Entity Name  
**VARKAS FAMILY PARTNERSHIP, LTD.**



Principal Place of Business: 155 OCEAN LANE DR., APT. 311, KEY BISCAIYNE, FL 33149  
Mailing Address: 155 OCEAN LANE DR., APT. 311, KEY BISCAIYNE, FL 33149

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

300027247033  
01/20/04-01005-018 \*\*\*525 25

01062004 Chg-LP CR2E003 (10/03)

4. FEI Number: 65-1108440  
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
**VARKAS, ALEXANDER D JR.**  
155 OCEAN LANE DRIVE, APARTMENT 311  
KEY BISCAIYNE, FL 33149

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: **\$1,331,632.00**  
10. Amount of Capital Contributions in FLORIDA to date: **\$ 1,331,632.00**

**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 #	P01000049286	STREET ADDRESS	
NAME	FULCRUM, INC.	CITY-ST-ZIP	
STREET ADDRESS	155 OCEAN LANE DR., APT. 311		
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149		
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: Alexander D. Varkas Jr Director of Fulcrum Inc 1/6/04 1-561-392-1230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

1-561-392-1230