

2004 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2004****FILED****Apr 30, 2004 08:00 AM**
Secretary of State**DOCUMENT # A01000000755**1. Entity Name
NU FUTURE LTD.Principal Place of Business
**2807 CORAL SHORES DRIVE
FORT LAUDERDALE, FL 33306**Mailing Address
**2807 CORAL SHORES DRIVE
FORT LAUDERDALE, FL 33306**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

04272004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-1109336

Applied For

Not Applicable

Zip

Country

Zip

Country

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****COHN, ALAN B
C/O ABRAMS ANTON P.A.
2021 TYLER STREET
HOLLYWOOD, FL 33020**

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 _____

Signature, typed or printed name of registered agent, and date, if applicable

DATE _____

9. Capital Contributions
as Shown on record. **\$500,000.00**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	STREET ADDRESS	CITY- ST- ZIP
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05/07/04-60024-021 526.25**14. I hereby certify that the information supplied with this filing complies with the requirements 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: _____

Amos CHESSE

4/27/04

954 565 5501