

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 8, 2004**

DOCUMENT # A01000001034

1. Entity Name

ALNICA FAMILY LIMITED PARTNERSHIP NO. 1



Principal Place of Business
1492 S. MIAMI AVENUE
MIAMI FL 33130

Mailing Address
1492 S. MIAMI AVENUE
MIAMI FL 33130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1122612

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

TANEN, JEFFREY S ESQUIRE
GOLDSTEIN, TANEN & TRENCH, P.A.
2 SOUTH BISCAYNE BOULEVARD, SUITE 3250
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

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.

11. FILE NOW!!! Due by September 8, 2004!
See Block 11 instructions for fee info. If
first notice was not received, check box
and do not include \$400 late fee. ☐

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 # P01000071776
NAME ALNICA REAL ESTATE VENTURES, INC.
STREET ADDRESS 1492 S. MIAMI AVENUE
CITY-ST-ZIP MIAMI FL 33130

STREET ADDRESS

CITY-ST-ZIP

400042755624

11/15/04--01075--005 **\$41.25

DOCUMENT #
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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: MICHAEL GOESENE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-10-04 (305) 358-2626

Date

Daytime Phone #

FILED

04 OCT 29 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE

CR2E003 (4/04)

STAPLE CHECK HERE