

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

FILED

04 JUL 26 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A01000001064**

1. Entity Name  
**LOIS DUBOIS, LTD.**



Principal Place of Business  
**5450 FLAVOR PICT ROAD  
BOYNTON BEACH, FL 33436**

Mailing Address  
**5450 FLAVOR PICT ROAD  
BOYNTON BEACH, FL 33436**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06032004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-1151607**

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

**NOWLIN, JAMES W JR.  
72 N.E. FIFTH AVENUE  
DELRAY BEACH, FL 33483**

Name **MARK A. PERRY**

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

**50 SE 4TH AVENUE**

City

**DELRAY BEACH**

FL

Zip Code  
**33483**

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

**7/15/04**

9. Capital Contributions as Shown on record. **\$250,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **250,000.00**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 # **L01000011876**  
NAME **LOIS DUBOIS PROPERTIES MANAGEMENT, LLC**  
STREET ADDRESS **5450 FLAVOR PICT ROAD**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS **400039949404**  
CITY-ST-ZIP **08/06/04--01040--018 \*\*526.25**

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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**July 15, 2004** **561/ 736-3749**  
Date Daytime Phone #

STAPLE CHECK HERE