

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

**DOCUMENT # A01000001472**

1. Entity Name  
**PARLON HOLDINGS, LTD.**



**FILED**

2004 SEP -2 P 4: 12

SECRETARY OF STATE



Principal Place of Business  
**350 S. OCEAN BLVD., #1A**  
**BOCA RATON, FL 33432**

Mailing Address  
**350 S. OCEAN BLVD., #1A**  
**BOCA RATON, FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08192004

Chg-LP

CR2E003 (10/03)

4. FEI Number  
**65-1148473**

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

GELFAND, MICHAEL J  
 % GELFAND & ARPE  
 250 SOUTH AUSTRALIAN AVENUE SUITE 1010  
 WEST PALM BEACH, FL 33401-5014

*1555 Palm Beach Lakes Bl. #1220*  
*West Palm Beach, FL 33401*

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. **\$1,500,000.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

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 #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

GELFAND, SHIRLEY  
 350 S. OCEAN BLVD., #1A  
 BOCA RATON, FL 33432

STREET ADDRESS

CITY-ST-ZIP

**300041272363**  
**09/23/04 01005-003 \*\*526.25**

DOCUMENT #  
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 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**8-25-04**

Date

**561-417-7491**

Daytime Phone #

STAPLE CHECK HERE