


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

<b>DOCUMENT # A01000001649</b>			
1. Entity Name <b>M &amp; I COWAN STABLES, LLLP</b>			
Principal Place of Business <b>3725 SOUTH OCEAN DRIVE, SUITE 718 HOLLYWOOD FL 33019</b>		Mailing Address <b>3725 SOUTH OCEAN DRIVE, SUITE 718 HOLLYWOOD FL 33019</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 31 AM 9:58



MOORE CR2E003 (11/03)

4. FEI Number **01-056691** **19-5342906**  
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**

**SHORE, H. ALLAN  
ONE S.E. THIRD AVENUE, 28TH FLOOR  
MIAMI FL 33019**

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. **\$100.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. **MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	<b>P96000100236</b>	STREET ADDRESS	
NAME	<b>M &amp; I COWAN INVESTMENTS, INC.</b>	CITY-ST-ZIP	<b>500032838225</b>
STREET ADDRESS	<b>3725 SOUTH OCEAN DRIVE, SUITE 718</b>		<b>04/15/04--01019--028 **158.75</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>		
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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

**3/2/04**  
Date

**(054)458-8998**  
Daytime Phone #

STAPLE CHECK HERE