

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000001709

1. Entity Name
TAOS PROPERTIES, LLLP



Principal Place of Business
600 NORTH OCEAN BLVD.
DEERFIELD BEACH, FL 33441

Mailing Address
600 NORTH OCEAN BLVD.
DEERFIELD BEACH, FL 33441

2. Principal Place of Business

3. Mailing Address



04252004 Chg-LP CR2E003 (10/03)

4. FEI Number
60-0001533

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

SCHMIDT, GERALD E
600 NORTH OCEAN BLVD.
DEERFIELD BEACH, FL 33441

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 file if applicable

DATE

9. Capital Contributions as Shown on record. **\$10,005,000.00**

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
SCHMIDT, GERALD E TRUSTEE
600 NORTH OCEAN BLVD.
DEERFIELD BEACH, FL 33441

STREET ADDRESS
 CITY-ST-ZIP
600000158453
05/07/04-80023-001 526.25

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SCHMIDT, REBECCA W TRUSTEE
600 NORTH OCEAN BLVD.
DEERFIELD BEACH, FL 33441

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 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

Date

Daytime Phone #

STAPLE CHECK HERE