


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

|   |  |   |
|---|--|---|
| <b>DOCUMENT # A01252</b>                        |  |  |
| 1. Entity Name<br>TROPICAL DRIVE VENTURES, LTD. |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>21 S.W. 63RD AVENUE<br>PLANTATION, FL 33317 | Mailing Address<br>21 S.W. 63RD AVENUE<br>PLANTATION, FL 33317 |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |



03152004 Chg-LP CR2E003 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-1321229 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><br>HENNES, PAUL L.<br>21 S.W. 63RD AVE.<br>PLANTATION, FL 33317 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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. \$0.00 | 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 #                      | HENNES, PAUL L.     | STREET ADDRESS           |  |
| NAME                            | 21 S.W. 63RD AVENUE | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | PLANTATION, FL      |                          |  |
| CITY-ST-ZIP                     |                     |                          |  |
| DOCUMENT #                      | GARTNER, SAMUEL     | STREET ADDRESS           |  |
| NAME                            | 1225 W. CHURCH ST.  | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | JACKSONVILLE, FL    |                          |  |
| CITY-ST-ZIP                     |                     |                          |  |
| DOCUMENT #                      |                     | STREET ADDRESS           |  |
| NAME                            |                     | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                     |                          |  |
| CITY-ST-ZIP                     |                     |                          |  |
| DOCUMENT #                      |                     | STREET ADDRESS           |  |
| NAME                            |                     | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                     |                          |  |
| CITY-ST-ZIP                     |                     |                          |  |
| DOCUMENT #                      |                     | STREET ADDRESS           |  |
| NAME                            |                     | CITY-ST-ZIP              |  |
| 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: *Paul L. Hennes* Mar 21, 04 954-584-6290

STAPLE CHECK HERE