


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

**FILED  
Apr 19, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # A02000000351**  
1. Entity Name  
**JULIET MEADOWS, LTD.**



Principal Place of Business: **7965 LANTANA ROAD LAKE WORTH FL 33467**  
Mailing Address: **P.O. BOX 540623 LAKE WORTH FL 33454**



MOORE CR2E003 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **04-3625568**  
Applied For:  Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SMIGIEL, GARY  
7965 LANTANA ROAD  
LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent  
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: **—\$3,000.00**

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

DOCUMENT # **P00000103016**  
NAME **C.H. CONSULTING, INC.**  
STREET ADDRESS **6823 VISTA PARKWAY N.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

DOCUMENT # **L93000000238**  
NAME **GARY SMIGIEL, L.C.**  
STREET ADDRESS **P.O. BOX 540623**  
CITY-ST-ZIP **LAKE WORTH FL 33454**

DOCUMENT # \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

DOCUMENT # \_\_\_\_\_  
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NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

13. ADDRESS CHANGES ONLY

STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_  
**U00000133492  
04/27/04-80088-015 141.25**

STREET ADDRESS \_\_\_\_\_  
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CITY-ST-ZIP \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 # \_\_\_\_\_