
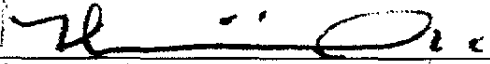


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 04-3625568				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P00000103016		STREET ADDRESS		
NAME	C.H. CONSULTING, INC.		CITY-ST-ZIP		
STREET ADDRESS	6823 VISTA PARKWAY N.				
CITY-ST-ZIP	WEST PALM BEACH FL 33411				
DOCUMENT #	L93000000238		STREET ADDRESS	U00000133492	
NAME	GARY SMIGIEL, L.C.		CITY-ST-ZIP	04/27/04-80088-015 141.25	
STREET ADDRESS	P.O. BOX 540623				
CITY-ST-ZIP	LAKE WORTH FL 33454				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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)(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					
Filing Fee #					



MOORE CR2E003 (11/03)

STAPLE CHECK HERE