

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 JUL 19 PM 1:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



DOCUMENT # A02000000381

1. Entity Name
EK OAK GROVE PARTNERS, LTD.



Principal Place of Business
**2665 SOUTH BAYSHORE DRIVE
PENTHOUSE IIA
MIAMI, FL 33131**

Mailing Address
**2665 SOUTH BAYSHORE DRIVE
PENTHOUSE IIA
MIAMI, FL 33131**

2. Principal Place of Business

3. Mailing Address

2665 South Bayshore Dr
Suite, Apt. #, etc.
Penthouse - 2A
City & State
Miami, Florida
Zip
33133

2665 South Bayshore Dr
Suite, Apt. #, etc.
Penthouse - 2A
City & State
Miami, FL
Zip
33133

07152004 Chg-LP CR2E003 (10/03)

4. FEI Number
71-0870890

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

**EK OAK GROVE INC.
2665 SOUTH BAYSHORE DRIVE
PENTHOUSE IIA
MIAMI, FL ~~33131~~ 33133**

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 title if applicable.

DATE

9. Capital Contributions
as Shown on record: **\$1,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 # **P02000027574**
NAME **EK OAK GROVE, INC.**
STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE**
CITY-ST-ZIP **MIAMI, FL ~~33131~~ 33133**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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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: **E. Kady**

MOMR

July 15, 04

89-455-7028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Q04

Daytime Phone #

STAPLE CHECK HERE