


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

**FILED  
Apr 01, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # A02000000520**

1. Entity Name  
**G. MARTIN & A. VLEMINCKX AMUSEMENT INTERNATIONAL LLLP**



Principal Place of Business  
312 S.E. 17TH STREET, 2ND FLOOR  
FORT LAUDERDALE, FL 33316


Mailing Address  
312 S.E. 17TH STREET, 2ND FLOOR  
FORT LAUDERDALE, FL 33316

2. Principal Place of Business  
Suite, Apt #, etc.

3. Mailing Address  
Suite, Apt #, etc.

City & State

Zip Country



03222004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-1131736**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SAAVEDRA, DAMASO W ESQ.  
312 S.E. 17TH STREET, 2ND FLOOR  
FT. LAUDERDALE, FL 33316**

**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. **\$1,000.00**

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 #	P01000047844	STREET ADDRESS	
NAME	G. MARTIN & A. VLEMINCKX AMUSEMENT INTERNA	CITY- ST- ZIP	
STREET ADDRESS	312 S.E. 17TH STREET, 2ND FLOOR		
CITY- ST- ZIP	FORT LAUDERDALE, FL 33316		
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CITY- ST- ZIP			

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04/01/04-80019-012 141.25

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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:**  **3-23-04** **9547678828**

Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_