

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

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000000848**

1. Entity Name  
**THE LAW OFFICES OF MALDONADO AND GLENN, LLLP**



Principal Place of Business

8181 NW 36TH STREET  
SUITE 4  
MIAMI, FL 33166

Mailing Address

8181 NW 36TH STREET  
SUITE 4  
MIAMI, FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

54-2126289

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MALDONADO, EDWARD A  
8181 NW 36TH STREET  
SUITE 4  
MIAMI, FL 33166

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

Signature typed or printed name of registered agent and fee, if applicable

DATE

9. Capital Contributions  
as Shown on record

**\$2,500.00**

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

DOCUMENT # P00000050579  
NAME THE LAW OFFICES OF EDWARD A. MALDONADO, P.  
STREET ADDRESS 8181 NW 36TH STREET, SUITE 4  
CITY-STATE-ZIP MIAMI, FL 33166

DOCUMENT # P02000062126  
NAME THE LAW OFFICES OF ALAN A. GLENN, PA  
STREET ADDRESS 8181 NW 36TH STREET, SUITE 4  
CITY-STATE-ZIP MIAMI, FL 33166

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-ZIP

U000000160375  
05/13/04-80019-013 141.25

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:

*Alan A Glenn*  
ALAN A GLENN

4/29/04

Date

305-468-1645

Daytime Phone #

STAPLE CHECK HERE