

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

DOCUMENT # A02000000867	
1. Entity Name CONMAR, LTD.	

Principal Place of Business 3515 JONATHAN HARBOUR AVE. JUPITER FL 33477	Mailing Address 3515 JONATHAN HARBOUR AVE. JUPITER FL 33477
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent CONLIN, JOHN W 3515 JONATHAN HARBOUR AVE. JUPITER FL 33477	
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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 _____	

9. Capital Contributions as Shown on record. \$8,917.00	10. Amount of Capital Contributions in FLORIDA to date.
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11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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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.	
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12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	CONLIN, JOHN W	CITY-ST-ZIP	
STREET ADDRESS	3515 JONATHAN HARBOUR AVE.		
CITY-ST-ZIP	JUPITER FL 33477		
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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	
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SIGNATURE: _____	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
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FILED

04 APR 30 PM 12:16

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

4. FEI Number 38-2251172	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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Name	
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STAPLE CHECK HERE