

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

**DOCUMENT # A02000000876**

1. Entity Name

LAWRIE HOLDINGS, LTD.



Principal Place of Business

3030 SOUTH OCEAN BOULEVARD, #330  
PALM BEACH FL 33480

Mailing Address

3030 SOUTH OCEAN BOULEVARD, #330  
PALM BEACH FL 33480

2. Principal Place of Business

3030 S. Ocean BLV

Suite, Apt. #, etc.

Ste 100

City & State

Palm Beach FL

Zip

33480

Country

Palm Beach

3. Mailing Address

3030 S. Ocean BLV

Suite, Apt. #, etc.

Ste 101

City & State

Palm Beach FL

Zip

33480

Country

Palm Beach

**FILED**  
04 JAN 30 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



MOORE CR2E003 (11/03)

4. FEI Number

03-6094590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAUERBERG, ERIC M ESQ  
200 VILLAGE SQUARE CROSSING, SUITE 102  
PALM BEACH GARDENS FL 33410

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 title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$3,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$2,500,000

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

DOCUMENT #  
NAME STEWART, CHARLES C  
STREET ADDRESS 3030 SOUTH OCEAN BOULEVARD, #330  
CITY-ST-ZIP PALM BEACH FL 33480

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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)(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:**

*Charles C. Stewart*  
Charles C. Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/28/04 561 5855669

STAPLE CHECK HERE