

# **2004 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000001088

**FILED**  
**Apr 28, 2004**  
**Secretary of State**

**Entity Name:** INVERRARY 4446 LIMITED PARTNERSHIP

**Current Principal Place of Business:**

PO BOX 21946  
WEST PALM BEACH, FL 334161946

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 21946  
WEST PALM BEACH, FL 334161946

**New Mailing Address:**

**FEI Number:** 75-3072678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAROSAS, MICHAEL R  
544 NORTH COUNTRY CLUB DRIVE  
ATLANTIS, FL 33462 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 495.00

**Amount of Capital Contributions in Florida to date:** 495.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: INVERRARY 4446 MANAGEMENT, INC.

Address: 544 NORTH COUNTRY CLUB DRIVE

City-St-Zip: ATLANTIS, FL 33462

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** MICHAEL R KAROSAS

P,GP

04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date