

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

DOCUMENT # A02000001333

1. Entity Name  
THE MADEIRA FAMILY LIMITED PARTNERSHIP



**FILED**

04 AUG 25 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
18 RIVERVIEW ROAD  
HOBE SOUND, FL 33455

Mailing Address  
18 RIVERVIEW ROAD  
HOBE SOUND, FL 33455



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08162004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
06-1654862

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

7. Name and Address of New Registered Agent

L.N.M. MANAGEMENT, INC.  
18 RIVERVIEW ROAD  
HOBE SOUND, FL 33455

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. \$0.00

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 # P02000086793  
NAME L.N.M. MANAGEMENT, INC.  
STREET ADDRESS 18 RIVERVIEW ROAD  
CITY-ST-ZIP HOBE SOUND, FL 33455

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

The Madeira Family Limited Partnership By:

SIGNATURE:

*L.N.M. Management, Inc.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

L.N.M. Management, Inc. by its President