

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

**DOCUMENT # A02000001347**

1. Entity Name  
**DESAI LIMITED PARTNERSHIP**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 AUG 12 PM 1:18

W08/27/04

Principal Place of Business  
**1841 BRIGHTWAVES BLVD. NORTHEAST  
ST. PETERSBURG, FL 33704**

Mailing Address  
**1841 BRIGHTWAVES BLVD. NORTHEAST  
ST. PETERSBURG, FL 33704**



2. Principal Place of Business

3. Mailing Address

08022004 Chg-LP CR2E003 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
**APPLIED FOR**

Applied For  
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

Zip

Country

Zip

Country

C. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'CONNOR, PATRICK M  
2240 BELLEAIR ROAD, SUITE 160  
CLEARWATER, FL 33764**

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. **\$1,250,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$1,250,000.00**

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # **L02000024921**  
NAME **P.P.C., L.C.**  
STREET ADDRESS **1841 BRIGHTWAVES BLVD. NORTHEAST**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33704**

STREET ADDRESS

CITY-ST-ZIP

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**988840592769**  
**08/27/04--01079--012 \*\*437.50**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE