

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

**FILED**

04 JUL 12 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MMJH



07022004 Chg-LP CR2E003 (10/03)

7/12

4. FEI Number  
**APPLIED FOR 77-0693733**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

AXMAN, MICHAEL B  
2601 SOUTH BAYSHORE DRIVE, SUITE 1600  
MIAMI, FL 33133

**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. **\$11,768,765.00**

10. Amount of Capital Contributions in FLORIDA to date. **11,768,765.00**

**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 # P02000110196  
NAME ROWELL FAMILY CORP.  
STREET ADDRESS 220 ALHAMBRA CIRCLE, FIFTH FLOOR  
CITY-ST-ZIP CORAL GABLES, FL 331345101

STREET ADDRESS  
CITY-ST-ZIP  
200039686982  
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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:** *Rowell Fam Corp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **7-2-04** Daytime Phone # **305 476 5612**

STAPLE CHECK HERE