


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

**FILED**

**Feb 03, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # A02000001448</b>			
1. Entity Name <b>PALENCIA FAMILY LTD. PARTNERSHIP</b>			
Principal Place of Business <b>7258 BEDLINGTON RD. MIAMI LAKES FL 33014</b>		Mailing Address <b>7258 BEDLINGTON RD. MIAMI LAKES FL 33014</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>PALENCIA, RITA M 7258 BEDLINGTON RD. MIAMI LAKES FL 33014</b>		7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>\$500,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>P02000117969</b>	STREET ADDRESS	
NAME	<b>RM PALENCIA, INC.</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>7258 BEDLINGTON RD.</b>		
CITY - ST - ZIP	<b>MIAMI LAKES FL 33014</b>		
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CITY - ST - ZIP			



MOORE CR2E003 (11/03)

4. FEI Number **65-1160584** Applied For  
Not Applicable

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

U00000070456  
02/28/04 00024 024 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

(954)

**SIGNATURE:** *Rita M Palencia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1-29-04 538-9452**  
Date Daytime Phone #

STAPLE CHECK HERE