


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

DOCUMENT # A02000001458

1. Entity Name
FAT VILLAGE, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 18 PM 3:20

Principal Place of Business Mailing Address
202 S.W. 2ND STREET, SUITE C 202 S.W. 2ND STREET, SUITE C
FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301



MOORE CR2E003 (11/03)

2. Principal Place of Business 3. Mailing Address
425 N Andrews Avenue **425 N Andrews Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.
1 **# 1**

City & State City & State
Fort Lauderdale Florida **Fort Lauderdale Florida**

4. FEI Number Applied For
16-1636625 Not Applicable

Zip Country Zip Country
33301 **USA** **33301** **USA**

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

6. Name and Address of Current Registered Agent
**HOOPER, ALAN C
202 S.W. 2ND STREET, SUITE C
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
425 N Andrews Avenue
1
City State Zip Code
Fort Lauderdale **FL** **33301**

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 _____ DATE _____
Signatures, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$450,000.00 10. Amount of Capital Contributions in FLORIDA to date. \$450,000.00 11. MAKE CHECK PAYABLE TO: FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	L02000027935
NAME	FAT VILLAGE DEVELOPMENT, LLC
STREET ADDRESS	202 S.W. 2ND STREET, SUITE C
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	425 N Andrews Avenue # 1
CITY-ST-ZIP	Fort Lauderdale, Florida 33301
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900032024229
CITY-ST-ZIP	04/07/04--01006--028 **526.25
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

SIGNATURE:  **ALAN C. HOOPER** 2-18-04 954-761-8439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE