

2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

FILED

04 JUN 25 AM 9:29

FLORIDA STATE
TREASURER'S OFFICE

MJH

DOCUMENT # A02000001465			
1. Entity Name MAZER FAMILY, LTD.			
Principal Place of Business 3000 LE BATEAU DRIVE PALM SPRINGS GARDENS, FL 33410 BEACH		Mailing Address % IVAN A. GOMEZ, P.A. 601 BRICKELL KEY DRIVE, SUITE 507 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 06-1683040		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		CR2E003 (10/03) 4/25	
6. Name and Address of Current Registered Agent TAG CORPORATE SERVICES, INC. 601 BRICKELL KEY DRIVE, SUITE 507 MIAMI, FL 33131		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ Signature, typed or printed name of registered agent and if applicable.			
9. Capital Contributions as Shown on record. \$1,000,000.00		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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P02000118847	STREET ADDRESS	
NAME	B.T. MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	3000 LE BATEAU DRIVE		
CITY-ST-ZIP	PALM SPRINGS GARDENS, FL 33410		
DOCUMENT #		STREET ADDRESS	400038741754
NAME		CITY-ST-ZIP	07/06/04--01031--010 **526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: <i>Samuel Mazer</i>		4/28/04 561-844-4948	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Day and Phone #	

SAMUEL MAZER, President of BT Management, Inc.

STAPLE CHECK HERE