

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 MAY 17 PM 1:32

SEAL OF THE STATE  
TALLAHASSEE FLORIDA

**MJM**

**DOCUMENT # A02000001604**



1. Entity Name  
**FUTURE FAMILY LIMITED PARTNERSHIP**

Principal Place of Business  
**18880 JOLSON AVENUE, #3  
BOCA RATON, FL 33496**

Mailing Address  
**18880 JOLSON AVENUE, #3  
BOCA RATON, FL 33496**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232004

Chg-LP

CR2E003 (10/03)

**517**

4. FEI Number  
**26-0063187**

Applied/For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURGESS, JAMES  
18880 JOLSON AVENUE, #3  
BOCA RATON, FL 33496**

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.

**\$693,000.00**

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

DOCUMENT # **P02000109066**  
NAME **LANDSCAPE DESIGN CONCEPTS, INC.**  
STREET ADDRESS **18880 JOLSON AVENUE, #3**  
CITY-ST-ZIP **BOCA RATON, FL 33496**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **300037850673**  
CITY-ST-ZIP **06/10/04--01066--026 \*\*88.75**

STREET ADDRESS **300037850673**  
CITY-ST-ZIP **06/10/04--01066--025 \*\*437.50**

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**JAMES BURGESS**

Date

**April 26/04**

Daytime Phone #

STAPLE CHECK HERE