

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

APPROVED  
AND  
FILED

04 MAY -4 PM 5:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # A03000000022**

1. Entity Name  
**THE SANTOS FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
 2100 N. OCEAN BLVD. #504  
 FT. LAUDERDALE, FL 33305

Mailing Address  
 2100 N. OCEAN BLVD. #504  
 FT. LAUDERDALE, FL 33305



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

42-1566197

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SLOTO, JAMES R ESQ.  
 SLOTO & GREENBERG, P.A.  
 200 S. BISCAYNE BLVD., SUITE 3000  
 MIAMI, FL 33131

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. \$156,835.00

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 #  
 NAME SANTOS, JOSE H  
 STREET ADDRESS 2100 N. OCEAN BLVD. #504  
 CITY-ST-ZIP FT. LAUDERDALE, FL 33305

STREET ADDRESS

CITY-ST-ZIP

200036545952

05/18/04--01035--006 \*\*526.25

DOCUMENT #  
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 CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

11. 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

Date

Daytime Phone #

4/29/04

(754) 244-7288

STAPLE CHECK HERE