

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

DOCUMENT # A03000000122

1. Entity Name

SUSAN SCOTT ENTERPRISES, LLLP



FILED

2004 APR 22 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10624 N.W. 225-A
OCALA FL 34482

Mailing Address

C/O WILLIAM D. SOMAN, TR., SUSAN SCOTT
9000 ARVIDA DRIVE
CORAL GABLES FL 33156

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

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

MOORE

CR2E003 (11/03)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM D. SOMAN, P.A.
9000 ARVIDA DRIVE
CORAL GABLES FL 33156

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.

\$3,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,100,000

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME SCOTT, SUSAN
STREET ADDRESS 10624 N.W. 225-A
CITY-ST-ZIP Ocala FL 34482

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME WILLIAM D. SOMAN, TRUSTEE
OF THE NANCY WILKERSON TRUST
STREET ADDRESS 9000 ARVIDA DRIVE
CITY-ST-ZIP CORAL GABLES, FL 33156

STREET ADDRESS

CITY-ST-ZIP

000036059120

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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:

William D. Soman Trustee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04-19-04 (305) 661-7771

Date

Daytime Phone #

STAPLE CHECK HERE