


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

|   |         |  |         |
|---|---------|--|---------|
| <b>DOCUMENT # A03000000242</b>  |         |   |         |
| <b>1. Entity Name</b><br>IAW AT OSCEOLA, LTD.   |         |  |         |
| <b>Principal Place of Business</b><br>8890 WEST OAKLAND PARK BOULEVARD<br>STE. 201<br>FORT LAUDERDALE FL 33351  |         | <b>Mailing Address</b><br>8890 WEST OAKLAND PARK BOULEVARD<br>STE. 201<br>FORT LAUDERDALE FL 33351                                   |         |
| <b>2. Principal Place of Business</b>   |         | <b>3. Mailing Address</b>  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.  |         |
| City & State  |         | City & State   |         |
| Zip   | Country | Zip  | Country |
| <b>6. Name and Address of Current Registered Agent</b><br><br>FRAZIER, ROBERT W JR<br>FRAZIER, HOTTE & ASSOCIATES, P.A.<br>2400 EAST COMMERCIAL BLVD STE. 826<br>FORT LAUDERDALE FL 33308 |         | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |         |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 12 PM 12:40



MOORE CR2E003 (11/03)

**4. FEI Number** ☒ Applied For  
☐ Not Applicable

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

**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** \_\_\_\_\_

|   |   |   |
|---|---|---|
| <b>9. Capital Contributions</b><br>as Shown on record. <b>\$10,000.00</b> | <b>10. Amount of Capital Contributions</b><br>in FLORIDA to date. | <b>11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE</b><br><b>SEE REVERSE SIDE FOR FEE INFORMATION</b> |
|---|---|---|

**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.**

| <b>12. GENERAL PARTNER INFORMATION</b> |  | <b>13. ADDRESS CHANGES ONLY</b> |                                    |
|--|--|---------------------------------|------------------------------------|
| <b>DOCUMENT #</b>                      | <b>NAME</b>                                      | <b>STREET ADDRESS</b>           |                                    |
| <b>STREET ADDRESS</b>                  | <b>8890 WEST OAKLAND PARK BOULEVARD STE. 201</b> | <b>CITY-ST-ZIP</b>              | <b>400031851684</b>                |
| <b>CITY-ST-ZIP</b>                     | <b>FORT LAUDERDALE FL 33351</b>                  |                                 | <b>04/06/04 01006 011 **167.50</b> |
| <b>DOCUMENT #</b>                      | <b>NAME</b>                                      | <b>STREET ADDRESS</b>           |                                    |
| <b>STREET ADDRESS</b>                  |  | <b>CITY-ST-ZIP</b>              |                                    |
| <b>CITY-ST-ZIP</b>                     |  |                                 |                                    |
| <b>DOCUMENT #</b>                      | <b>NAME</b>                                      | <b>STREET ADDRESS</b>           |                                    |
| <b>STREET ADDRESS</b>                  |  | <b>CITY-ST-ZIP</b>              |                                    |
| <b>CITY-ST-ZIP</b>                     |  |                                 |                                    |
| <b>DOCUMENT #</b>                      | <b>NAME</b>                                      | <b>STREET ADDRESS</b>           |                                    |
| <b>STREET ADDRESS</b>                  |  | <b>CITY-ST-ZIP</b>              |                                    |
| <b>CITY-ST-ZIP</b>                     |  |                                 |                                    |
| <b>DOCUMENT #</b>                      | <b>NAME</b>                                      | <b>STREET ADDRESS</b>           |                                    |
| <b>STREET ADDRESS</b>                  |  | <b>CITY-ST-ZIP</b>              |                                    |
| <b>CITY-ST-ZIP</b>                     |  |                                 |                                    |

**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 **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

STAPLE CHECK HERE