

APR 29 2004 3:09PM

No. 3589 P. 2

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

FILED

04 MAY -3 PM 6:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000291

1. Entity Name
S.M.I.G. MANAGEMENT, LTD.



Principal Place of Business
9750 NW 33RD STREET, SUITE 113
C/O JOHN T. GRIGG
CORAL SPRINGS, FL 33065

Mailing Address
9750 NW 33RD STREET, SUITE 113
C/O JOHN T. GRIGG
CORAL SPRINGS, FL 33065



04292004 Chg-LP CR2E003 (10/03)

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

59-2150991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M
4000 HOLLYWOOD BLVD.
SUITE 485 SOUTH
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

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

\$990.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
GRIGG, JOHN T
9750 NW 33RD STREET, SUITE 113
CORAL SPRINGS, FL 33065

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
600036548316
05/18/04-01048-003 **141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

04/29/04

954-785-2626

Date

Daytime Phone #

STAPLE CHECK HERE