

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

FILED

2004 APR 26 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000327

1. Entity Name  
**GOLFSTREAM, LLLP**



Principal Place of Business  
**450 EAST LAS OLAS BLVD., SUITE 1500  
FORT LAUDERDALE, FL 33301**

Mailing Address  
**450 EAST LAS OLAS BLVD., SUITE 1500  
FORT LAUDERDALE, FL 33301**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

**32-0064265**

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

**AMERICAN INFORMATION SERVICES, INC.  
ONE SOUTHEAST THIRD AVENUE, SUITE 2800  
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

**200036279552**

**05/14/04--01003--015 \*\*526.25**

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. **\$10,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **10,000,000.00**

**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 # **L03000007294**  
NAME **CVB, LLC**  
STREET ADDRESS **450 EAST LAS OLAS BLVD., SUITE 1500**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

STREET ADDRESS

CITY-ST-ZIP

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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

**CRIS V BRANDON MANTON**

**4/21/04**

Date

**954-627-5000**

Daytime Phone #

STAPLE CHECK HERE