

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000000354

1. Entity Name
 EUCLID INVESTMENTS, LTD.



Principal Place of Business
 3690 CHASE AVE
 MIAMI BEACH, FL 33140 US

Mailing Address
 3690 CHASE AVE
 MIAMI BEACH, FL 33140 US

2. Principal Place of Business
 7800 W Oakland Park Blvd

Suite, Apt. #, etc.

G-121

City & State
 Sunrise, Florida

Zip
 33351

Country
 USA

3. Mailing Address
 7800 W Oakland Park Blvd.

Suite, Apt. #, etc.

G-121

City & State
 Sunrise, Florida

Zip
 33351

Country
 USA

04222004 Chg-LP CR2E003 (10/03)

4. FEI Number

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMSALEM, FRANK
 777 ARTHUR GODFREY ROAD
 SECOND FLOOR
 MIAMI BEACH, FL 33140

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. \$589,134.00

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 # P99000034613
 NAME VANTAGE INTERNATIONAL INVESTMENTS, INC.
 STREET ADDRESS 7800 W. OAKLAND PARK BLVD, BLDG G
 CITY-ST-ZIP SUNRISE, FL 33351

STREET ADDRESS
 CITY-ST-ZIP
 300036060323
 05/11/04--01062--004 **526.25

DOCUMENT # L03000001071
 NAME AJANTA ENTERPRISES, L.L.C.
 STREET ADDRESS 9595 COLLINS AVE #909N
 CITY-ST-ZIP SURFSIDE, FL 33154

STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

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

4/22/04.

7862470109.

Date

Daytime Phone #

STAPLE CHECK HERE