

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

**DOCUMENT # A03000000676**

1. Entity Name

**SMIGIEL PARTNERS XVIII, LTD.**



**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**04 APR 19 PM 2:14**

Principal Place of Business

**7965 LANTANA RD  
LAKE WORTH FL 33454**

Mailing Address

**P.O. BOX 540623  
LAKE WORTH FL 33454**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FE Number

**36-235618**

Applied For

Not Applicable

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

**GARY SMIGIEL, L.C.  
7965 LANTANA RD  
LAKE WORTH FL 33454**

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.

**\$3,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # **L93000000238**  
NAME **GARY SMIGIEL, L.C.**  
STREET ADDRESS **PO BOX 540623**  
CITY-ST-ZIP **LAKE WORTH FL 33454**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **P03000034906**  
NAME **THOMAS J. MECCA, INC.**  
STREET ADDRESS **PO BOX 540623**  
CITY-ST-ZIP **LAKE WORTH FL 33454**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **P00000103016**  
NAME **C.H. CONSULTING, INC.**  
STREET ADDRESS **6823 VISTA PARKWAY N.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

STREET ADDRESS

CITY-ST-ZIP

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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