

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 JUL 19 PM 1:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A03000000824

1. Entity Name
GAB ROCKLEDGE, LTD.



Principal Place of Business
**5900 NORTH ANDREWS AVENUE, SUITE 100
FORT LAUDERDALE, FL 33309**

Mailing Address
**5900 NORTH ANDREWS AVENUE, SUITE 100
FORT LAUDERDALE, FL 33309**



2. Principal Place of Business
1525 S. FISKE BLVD.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

07132004 Chg-LP CR2E003 (10/03)

City & State
ROCKLEDGE, FL
Zip
32955 Country
BREVARD

City & State
Zip
Country

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
**GABLE, MICHAEL P
4000 HOLLYWOOD BLVD., SUITE 735 SOUTH TOWE
R
HOLLYWOOD, FL 33021-6755**

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. **\$1,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 #	P03000059776
NAME	GAB ROCKLEDGE, INC.
STREET ADDRESS	1525 SOUTH FISKE BLVD.
CITY-ST-ZIP	ROCKLEDGE, FL 32955
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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08/04/04--01030--003 **141.25

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 #

7-14-04 954-463-2400

STAPLE CHECK HERE