


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000000992 1. Entity Name THE STAUBACH COMPANY - FLORIDA HOLDINGS LIMITED PARTNERSHIP	
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Principal Place of Business 121 WEST TRADE STREET, SUITE 2800 CHARLOTTE, NC 28202	Mailing Address 121 WEST TRADE STREET, SUITE 2800 CHARLOTTE, NC 28202
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2. Principal Place of Business 2000 N. Military Trail Suite, Apt. #, etc. Suite 420 City & State Boca Raton, FL Zip 33431	3. Mailing Address Same as above Suite, Apt. #, etc. City & State Zip Country USA
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FILED

2004 FEB 23 AM 10:31

**DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA**



01052004 Chg-LP CR2E003 (10/03)

4. FEI Number 20-0122889	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code
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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.

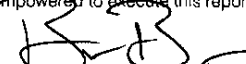
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$500,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$15,100.00	
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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 #	L03000025066	STREET ADDRESS	
NAME	BLAREN, LLC	CITY-ST-ZIP	
STREET ADDRESS	121 WEST TRADE STREET, SUITE 2800		
CITY-ST-ZIP	CHARLOTTE, NC 28202		
DOCUMENT #		STREET ADDRESS	500030119185
NAME		CITY-ST-ZIP	03/03/04-01056-011 **289.55
STREET ADDRESS			
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NAME		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:  **2-18-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE