

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000001004

1. Entity Name
LARY HOLDINGS, LTD.



FILED

APR -4 PM 3:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**6371 S.W. 87TH TERRACE
MIAMI, FL 33143**

Mailing Address
**6371 S.W. 87TH TERRACE
MIAMI, FL 33143**

2. Principal Place of Business
10300 SUNSET DRIVE

3. Mailing Address
10300 SUNSET DRIVE

Suite/Apt. #, etc.
135

Suite/Apt. #, etc.
135

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33173

Country
USA

Zip
33173

Country
USA

04232004 Chg-LP CR2E003 (10/03)

4. FEI Number
56-2370095

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PERLIN, BRIAN C
201 ALHAMBRA CIRCLE STE. 503
CORAL GABLES, FL 33134**

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. **\$4,000,000.00**

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

DOCUMENT #	P03000070309
NAME	LARY HOLDINGS, INC.
STREET ADDRESS	6371 S.W. 87TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33143
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	10300 SUNSET DRIVE, STE 135
CITY-ST-ZIP	MIAMI FL 33173
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 22, 2004 **345-271-3774**

Date

Daytime Phone #

STAPLE CHECK HERE