

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 21 PM 3: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000001019

1. Entity Name
SCRUPLES EYE OPTIQUE, LTD.



Principal Place of Business
**533 HARBOR COURT
DELRAY BEACH, FL 33483**

Mailing Address
**533 HARBOR COURT
DELRAY BEACH, FL 33483**

2. Principal Place of Business
553 Harbor Court
Suite, Apt. #, etc.

3. Mailing Address
553 Harbor Court
Suite, Apt. #, etc.

City & State
Delray Beach, FL
Zip
33483
Country
USA

City & State
Delray Beach, FL
Zip
33483
Country
USA

01272004 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

**KAROSAS, RAY K
533 HARBOR COURT
DELRAY BEACH, FL 33483**

7. Name and Address of New Registered Agent

Name
Ray K. Karosas

Street Address (P.O. Box Number is Not Acceptable)
553 Harbor Court

City **Delray Beach** FL Zip Code **33483**

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.

Ray K. Karosas

1/30/04

DATE

9. Capital Contributions as Shown on record. **\$900.00**

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 # **P03000054801**
NAME **SCRUPLES EYE OPTIQUE, INC.**
STREET ADDRESS **533 HARBOR COURT**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **553 Harbor Court**
CITY-ST-ZIP **Delray Beach, FL 33483**

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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:

Linda Karosas

Linda Karosas, President, GP

1/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE