

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

DOCUMENT # A03000001131

1. Entity Name  
 CONTRARIAN CASH FUND I, LTD.



Principal Place of Business  
 6400 CONGRESS AVE, STE 2150  
 BOCA RATON, FL 33487

Mailing Address  
 6400 CONGRESS AVE, STE 2150  
 BOCA RATON, FL 33487

**FILED**

04 JUL 21 AM 11:08

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

MMH



2. Principal Place of Business

3. Mailing Address

3290 NW 53<sup>rd</sup> CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07132004

Chg-LP

CR2E003 (10/03)

7/21

City & State

City & State

BOCA RATON FL

4. FEI Number

352211437

Applied For

Not Applicable

Zip

Country

Zip

33496

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, JEFFREY G  
 2101 NW CORPORATE BLVD, STE 414  
 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name

BARRY HONIG

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

3290 NW 53<sup>rd</sup> CIRCLE

City

BOCA RATON

FL

Zip Code

33496

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

*Barry Honig*  
 Signature, typed or printed name of registered agent and title if applicable

BARRY HONIG MEMBER OF GP

7/14/04

DATE

9. Capital Contributions as Shown on record.

\$100.00

10. Amount of Capital Contributions in FLORIDA to date.

3,100.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # L03000027727  
 NAME CONTRARIAN CASH FUND, LLC  
 STREET ADDRESS 6400 CONGRESS AVE, STE 2150  
 CITY-ST-ZIP BOCA RATON, FL 33487

STREET ADDRESS

CITY-ST-ZIP

500039948575

08/06/04 01035-016 \*\*141.25

DOCUMENT #  
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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:

*Barry Honig*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/14/04

Date

561-302-2287

Daytime Phone #

STAPLE CHECK HERE