

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
 AND
 FILED

04 MAY -6 PM 5:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A03000001165

1. Entity Name
 180 HIBISCUS LIMITED PARTNERSHIP



Principal Place of Business
 9559 HARDING AVE.
 SURFSIDE, FL 33154

Mailing Address
 9559 HARDING AVE.
 SURFSIDE, FL 33154



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152004

Chg-LP

CR2E003 (10/03)

4. FEI Number

20-0154159

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LATOUR, DANIEL
 9559 HARDING AVE.
 SURFSIDE, FL 33154

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.

\$10,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

158,754

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 # P99000070891
 NAME MIAMI EXPERT PARTNERS, INC.
 STREET ADDRESS 9559 HARDING AVE.
 CITY-ST-ZIP SURFSIDE, FL 33154

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

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STREET ADDRESS
 CITY-ST-ZIP

500037572885
 06/02/04--01029--026 **158.75

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

4/27/04

Date

Daytime Phone #

STAPLE CHECK HERE