

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 MAY 19 PM 2:14

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # A03000001174

1. Entity Name
LEJALY LIMITED PARTNERSHIP



Principal Place of Business
672 LAKEWOOD CIRCLE WEST
DELRAY BEACH, FL 33445

Mailing Address
672 LAKEWOOD CIRCLE WEST
DELRAY BEACH, FL 33445



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEAR, HERBERT L
672 LAKEWOOD CIRCLE WEST
DELRAY BEACH, FL 33445

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 of new or revised name of registered agent and fee applicable

DATE

9. Capital Contributions
as Shown on record. \$2,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date 1,500,000

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 # P03000084104
NAME LEJALY, INC.
STREET ADDRESS 672 LAKEWOOD CIRCLE WEST
CITY- ST- ZIP DELRAY BEACH, FL 33445

STREET ADDRESS
CITY- ST- ZIP
U0000001E0220
05/13/04-80012-011 526.25

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CITY- ST- ZIP

STAPLE CHECK HERE

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: *Herbert L. Dear*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

4-28-04

Daytime Phone #