



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 AUG 27 PH 4: 33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A03000001299			
1. Entity Name LAS OLAS REAL ESTATE 2003, LIMITED PARTNERSHIP			
Principal Place of Business 401 EAST LAS OLAS BLVD., STE. 2200 FORT LAUDERDALE, FL 33301		Mailing Address 401 EAST LAS OLAS BLVD., STE. 2200 FORT LAUDERDALE, FL 33301	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HORVITZ, DAVID W 401 EAST LAS OLAS BLVD., STE. 2200 FORT LAUDERDALE, FL 33301		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date. 1,000,000.00	
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 #	P03000098357	STREET ADDRESS	
NAME	LAS OLAS REAL ESTATE 2003, INC	CITY-ST-ZIP	
STREET ADDRESS	401 EAST LAS OLAS BLVD., STE. 2200		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		
DOCUMENT #		STREET ADDRESS	9000040697059
NAME		CITY-ST-ZIP	08/31/04--01056--003 **526.25
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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: 		DAVID W. HORVITZ	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



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4. FEI Number 20-0174860 Applied for Not Applicable

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

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