

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

2004 JUN 14 PM 5:28

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # A03000001363	
1. Entity Name EMERALD CAPITAL FUND, LTD.	

Principal Place of Business 5200 TOWN CENTER CIR. SUITE 308, TOWER I BOCA RATON, FL 33486	Mailing Address 5200 TOWN CENTER CIR. SUITE 308, TOWER I BOCA RATON, FL 33486
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2. Principal Place of Business 3300 University Drive Suite, Apt. #, etc. Suite 311 City & State Coral Springs, FL Zip 33065 Country USA	3. Mailing Address 3300 University Drive Suite, Apt. #, etc. Suite 311 City & State Coral Springs Zip 33065 Country USA
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03282003 Chg-LP CR2E003 (10/03)

4. FEI Number 26-0071760	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fees Required	

6. Name and Address of Current Registered Agent CHELKOWSKI, MAREK D 5200 TOWN CENTER CIR. SUITE 308, TOWER I BOCA RATON, FL 33486	7. Name and Address of New Registered Agent Name Marek Chelkowski Street Address (P.O. Box Number is Not Acceptable) 3300 University Drive, Suite 311 City Coral Springs FL Zip Code 33065
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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 Marek D. Chelkowski DATE MAREK D. CHELKOWSKI

9. Capital Contributions as Shown on record: \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,000,000.00
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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 # NAME STREET ADDRESS CITY-ST-ZIP	L03000033095 EMERALD CAPITAL MANAGEMENT, LLC 5200 TOWN CENTER CIR. BOCA RATON, FL 33486	STREET ADDRESS CITY-ST-ZIP	3300 University Drive, Suite 311 Coral Springs, FL 33065
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	200038162692 06/22/04--01007--021 **\$35.00
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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: Marek D. Chelkowski DATE JUNE 9, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE