

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

04 MAY -4 PM 4:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A03000001449

1. Entity Name

TRKB FAMILY LIMITED PARTNERSHIP



Principal Place of Business

1000 N.W. 65TH STREET, SUITE 200
 FORT LAUDERDALE, FL 33309

Mailing Address

1000 N.W. 65TH STREET, SUITE 200
 FORT LAUDERDALE, FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



04072004

Chg-LP

CR2E003 (10/03)

4. FEI Number

20-0273755

Applied For

Not Applicable

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

GOLDING, STEPHEN M
 1000 N.W. 65TH STREET, SUITE 200
 FORT LAUDERDALE, FL 33309

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.

\$1,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

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 # P03000109648
 NAME TRKB MANAGEMENT COMPANY
 STREET ADDRESS 1000 N.W. 65TH STREET, SUITE 200
 CITY-ST-ZIP FORT LAUDERDALE, FL 33309

STREET ADDRESS

CITY-ST-ZIP

000036553210
 05/18/04--01055--025 **141.25

DOCUMENT #
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 STREET ADDRESS
 CITY-ST-ZIP

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Tim Schoenheit

Date

Daytime Phone #

4-29-04

764-943-0342

STAPLE CHECK HERE