

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

2004 APR 22 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A03000001606**

1. Entity Name  
**BAYSTREET PARTNERS, LTD.**



Principal Place of Business  
**1164 GOODLETTE RD.  
NAPLES, FL 34102**

Mailing Address  
**1164 GOODLETTE RD.  
NAPLES, FL 34102**



2. Principal Place of Business

3. Mailing Address

**% COLONIAL SQUARE REALTY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. BOX 10608**

City & State

**NAPLES FL**

02262004

Chg-LP

CR2E003 (10/03)

4. FEI Number

Applied For  
Not Applicable

Zip

Country

**34101**

Country

**U.S.**

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

**LADEMAN, CARRIE E  
3200 TAMiami TRAIL NORTH, STE. 200  
NAPLES, FL 34103**

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.

**\$6,000.00**

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 # **L39663**  
NAME **COLONIAL SQUARE REALTY, INC.**  
STREET ADDRESS **1164 GOODLETTE RD.**  
CITY-ST-ZIP **NAPLES, FL 34102**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**400035797904**  
**05/10/04--01034--013 \*\*141.25**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**CLIFFORD ASAN**

Date

Daytime Phone #

**4-19-04 239-261-2627**

STAPLE CHECK HERE