

2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004

fee 141.25  
FEI #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR -1 AM 9:26

DOCUMENT # A03000001651

1. Entity Name  
STRAWGATE INVESTMENTS, LTD.



Principal Place of Business  
10 EDGEWATER DRIVE, #11-E  
CORAL GABLES, FL 33133

Mailing Address  
10 EDGEWATER DRIVE, #11-E  
CORAL GABLES, FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142004

Chg-LP

CR2E003 (10/03)

4. FEI Number

20-0460813

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

FEUERMAN, JONATHAN ESQ.  
C/O THERREL BAISDEN, P.A.  
ONE S.E. 3RD AVE., SUITE 2400  
MIAMI, FL 33131

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.

\$990.00

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 # P03000133457  
NAME PAT STRAWGATE, INC.  
STREET ADDRESS 10 EDGEWATER DRIVE, #11-E  
CITY-ST-ZIP CORAL GABLES, FL 33133

STREET ADDRESS

CITY-ST-ZIP

600030238886

03/10/04 01054 017 \*\*141.25

DOCUMENT #  
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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:

*Priscilla Strawgate*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/30/04

Date

Daytime Phone #

STAPLE CHECK HERE