

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000001719

1. Entity Name
FAGAN FAMILY HOLDINGS, LTD.



FILED

04 JUN -7 PM 12:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**4152 WEST BLUE HERON BLVD, STE 128
RIVIERA BEACH, FL 33404**

Mailing Address
**4152 WEST BLUE HERON BLVD, STE 128
RIVIERA BEACH, FL 33404**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162004 Chg-LP CR2E003 (10/03)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHITE, JOHN II
1645 PALM BEACH LAKES BLVD, STE 1200
WEST PALM BEACH, FL 33401**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$97.00**

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 #
NAME **FAGAN, LANELL M**
STREET ADDRESS **170 LOST BRIDGE DR**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

STREET ADDRESS **115 Island Cove Way**
CITY-ST-ZIP **Palm Beach Gardens FL 33408**

DOCUMENT #
NAME **FAGAN, GREGORY J**
STREET ADDRESS **170 LOST BRIDGE DR**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

STREET ADDRESS **115 Island Cove Way**
CITY-ST-ZIP **Palm Beach Gardens, FL 33408**

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CITY-ST-ZIP

800037868628
06/11/04--01021--003 **97.00

DOCUMENT #
NAME
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

800037868628
06/11/04--01021--004 **44.25

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

STAPLE CHECK HERE