

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000001812

1. Entity Name
BISCAYNE BAY CAPITAL PARTNERS, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 22 PM 2:37

Principal Place of Business
3300 UNIVERSITY DRIVE, SUITE #311
CORAL SPRINGS, FL 33065

Mailing Address
3300 UNIVERSITY DRIVE, SUITE #311
CORAL SPRINGS, FL 33065

2. Principal Place of Business

3. Mailing Address



02112004 Chg-LP CR2E003 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

56-2432254

Not Applicable

Zip

Country

Zip

Country

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

DEKEUKELAERE, ROBERT A
3300 UNIVERSITY DRIVE, SUITE #311
CORAL SPRINGS, FL 33065

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. **\$1,000,000.00**

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 # **L03000051642**
 NAME **BISCAYNE BAY CAPITAL MANAGEMENT, LLC**
 STREET ADDRESS **3300 UNIVERSITY DRIVE, #311**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

STREET ADDRESS

CITY-ST-ZIP

100032101181
04/07/04 01049 024 **526.25

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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

Day

Daytime Phone #

Feb. 23, 04 888-263-4774

STAPLE CHECK HERE