

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A04162

1. Entity Name
CHISHOLM REALTY COMPANY, L.P.



Principal Place of Business
**600 N. PINE ISLAND ROAD, SUITE 450
 FT. LAUDERDALE, FL 33322**

Mailing Address
**7027 W. BROWARD BLVD., SUITE 2103
 FORT LAUDERDALE, FL 33317**

FILED
 04 MAY - 5: PM 1:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052004

Chg-LP

CR2E003 (10/03)

4. FEI Number
13-1934076

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

**SINAGRA, FRANK J.
 110 E. BROWARD BLVD.
 SUITE 650
 FT. LAUDERDALE, FL 33301**

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. **\$5,196.80**

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

DOCUMENT # **P96000026481**
 NAME **AUGHT, INC.**
 STREET ADDRESS **4790 N.W. 9TH COURT**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33317**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **7027 W. Broward Blvd. #2103**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33317**

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800037571948
06/02/04--01029--013 **150.00

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

4-26-04

Date

954-792-1990

Daytime Phone #

STAPLE CHECK HERE