

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

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A05045**

1. Entity Name  
**DON CARTER'S KENDALL LANES LIMITED**



Principal Place of Business  
**13600 N. KENDALL DR.**  
**MIAMI, FL 33186**

Mailing Address  
**1389 N.W. 136TH AVENUE**  
**SUNRISE, FL 33323**



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

04122004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**59-1685038**

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

**STRICKROOT, JOHN C**  
**25 W. FLAGLER ST.**  
**5TH FLOOR, CITY NATIONAL BANK BLDG.**  
**MIAMI, FL 33130**

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 **\$930,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$ 930,000.00**

**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 #  
 NAME **POWELL, JOHN JR.**  
 STREET ADDRESS **6639 EMBASSY COURT**  
 CITY-ST-ZIP **MAUMEE, OH**

DOCUMENT #  
 NAME **ROSE, BURTON**  
 STREET ADDRESS **5580 MONROE ST.**  
 CITY-ST-ZIP **SYLVANIA, OH**

DOCUMENT #  
 NAME **ISAN, JERRY**  
 STREET ADDRESS **2420 N.E. 27TH STREET**  
 CITY-ST-ZIP **LIGHTHOUSE POINT, FL**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000000159991

05/13/04-200003-021 526.25

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: X** *Jerry Isan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Jerry Isan* X 4-24-04 (954)846-8400  
 Date Daytime Phone #

STAPLE CHECK HERE