

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A09967

1. Entity Name
WILLIAMS ISLAND ASSOCIATES, LTD.



Principal Place of Business
7900 ISLAND BLVD.
AVENTURA, FL 33160

Mailing Address
7900 ISLAND BLVD.
AVENTURA, FL 33160

FILED
04 APR 29 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business
4000 Island Boulevard
 Suite, Apt. #, etc.
PH2

3. Mailing Address
4000 Island Boulevard
 Suite, Apt. #, etc.
PH2

City & State
Aventura, FL

City & State
Aventura, FL

4. FEI Number
13-3062331

Applied For
 Not Applicable

Zip
33160

Country
USA

Zip
33160

Country
USA

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

MATUS, ALAN
7900 ISLAND BLVD.
AVENTURA, FL 33160

Name
Matus, Alan

Street Address (P.O. Box Number is Not Acceptable)

4000 Island Boulevard, PH2

City
Aventura

FL

Zip Code
33160

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.

ALAN MATUS

04-28-04

DATE

9. Capital Contributions as Shown on record. **\$15,000.00**

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 # **F00000004387**
 NAME **WIA, INC.**
 STREET ADDRESS **4000 ISLAND BLVD.**
 CITY-ST-ZIP **AVENTURA, FL 33160**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

700036194117
05/12/04--01035--016 **193.75

KSP

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

ALAN MATUS

04-28-04

Date

(305) 937-7826

Daytime Phone #

STAPLE CHECK HERE