

2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

DOCUMENT # A11452

1. Entity Name
TEXAS AVENUE DEVELOPMENT LIMITED



FILED

2004 MAY 11 PM 4:15

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
5601 WINDOVER DRIVE
ORLANDO, FL 32819

Mailing Address
5601 WINDOVER DRIVE
ORLANDO, FL 32819



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-2180535

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

MARDER, MICHAEL
100 WEST CYPRESS CREEK RD.
SUITE 700
FT. LAUDERDALE, FL 33309

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

Capital Contributions
as Shown on record. \$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

2011923.00

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 # 394096
NAME CENTRAL FLA. INVEST. INC
STREET ADDRESS 5601 WINDOVER DRIVE
CITY-ST-ZIP ORLANDO, FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

300036054483
05/11/04--01039--014 **2276.25

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

\$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:

Thomas J. Day

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/04

Date

Daytime Phone #

STAPLE CHECK HERE