

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A12045

1. Entity Name
4000 ISLAND BOULEVARD ASSOCIATES, LTD.



04 APR 29 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7900 ISLAND BLVD.
NORTH MIAMI BEACH, FL 33160

Mailing Address
7900 ISLAND BLVD.
NORTH MIAMI BEACH, FL 33160



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

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

04262004 Chg-LP CR2E003 (10/03)

City & State
Aventura, FL

City & State
Aventura, FL

4. FEI Number
59-2371827

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

MATUS, ALAN
7900 ISLAND BLVD.
NORTH MIAMI BEACH, FL 33160

7. Name and Address of New Registered Agent

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

4-28-04

DATE

9. Capital Contributions
as Shown on record. \$1,500.00

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 # F93000004564
NAME 4000 HOLDINGS, INC.
STREET ADDRESS 4000 ISLAND BOULEVARD
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160

STREET ADDRESS

CITY-ST-ZIP

200036061732
05/11/04--01064--016 **141.25

DOCUMENT # F57490
NAME 4000 ISLAND BLVD., INC.
STREET ADDRESS 4000 ISLAND BLVD.
CITY-ST-ZIP NORTH MIAMI BCH, FL 33160

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Alan Matus

4-28-04

Date

305-937-836

Daytime Phone #

STAPLE CHECK HERE