

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A12301 1. Entity Name WESTON ROAD ASSOCIATES, LTD.					
Principal Place of Business % EDMOND J. GONG, ESQ. 6161 BLUE LAGOON DR., SUITE 270 MIAMI, FL 33126			Mailing Address % EDMOND J. GONG, ESQ. 6161 BLUE LAGOON DR., SUITE 270 MIAMI, FL 33126		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2070763	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Accepted For Not Accepted	
6. Name and Address of Current Registered Agent GONG, EDMOND J., ESQ. 6161 BLUE LAGOON DR., SUITE 270 MIAMI, FL 33126			7. Name and Address of New Registered Agent 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 broker with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
9. Capital Contributions as Shown on record \$411,213.36			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 # NAME STREET ADDRESS CITY, ST, ZIP	823835 INFLAHEDGE RESOURC. FUND %6161 BLUE LAGOON DR., #270 MIAMI, FL 33126		STREET ADDRESS CITY, ST, ZIP	STREET ADDRESS CITY, ST, ZIP	
DOCUMENT # NAME STREET ADDRESS CITY, ST, ZIP			STREET ADDRESS CITY, ST, ZIP	STREET ADDRESS CITY, ST, ZIP	
DOCUMENT # NAME STREET ADDRESS CITY, ST, ZIP			STREET ADDRESS CITY, ST, ZIP	STREET ADDRESS CITY, ST, ZIP	
DOCUMENT # NAME STREET ADDRESS CITY, ST, ZIP			STREET ADDRESS CITY, ST, ZIP	STREET ADDRESS CITY, ST, ZIP	
DOCUMENT # NAME STREET ADDRESS CITY, ST, ZIP			STREET ADDRESS CITY, ST, ZIP	STREET ADDRESS CITY, ST, ZIP	
DOCUMENT # NAME STREET ADDRESS CITY, ST, ZIP			STREET ADDRESS CITY, ST, ZIP	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 119.02(3)(ii), Florida Statutes. I further certify that the information indicating 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: <i>Edmond J. Gong</i> Edmond J. Gong			4/13/04 (305) 261-6222		

STAPLE CHECK HERE



04082004 Chg-LP CP2E003 (10/03)

U00000131169
 04/27/04-00003-006-526-25