

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
- DUE BY MAY 1, 2004

DOCUMENT # A12862

1. Entity Name

CASAL ASSOCIATES, LTD.



APPROVED
AND
FILED

04 APR -9 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1819 SOUTH OCEAN DRIVE
JACKSONVILLE BEACH FL 32250

Mailing Address

P.O. BOX 50307
JACKSONVILLE BEACH FL 32240-0307

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2219072

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

WERNER, MARK
1819 SOUTH OCEAN DRIVE
JACKSONVILLE BEACH FL 32250

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.

\$750,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 |
|------------|--------------|-------------------------------|--|
| DOCUMENT # | WERNER, MARK | 1819 SOUTH OCEAN DRIVE | JACKSONVILLE BEACH FL 32250 |
| DOCUMENT # | F98314 | REALTY MANAGEMENT GROUP, INC. | P.O. BOX 50307 JACKSONVILLE BEACH FL 32240-0307 |
| DOCUMENT # | | | |
| DOCUMENT # | | | |
| DOCUMENT # | | | |
| DOCUMENT # | | | |
| DOCUMENT # | | | |
| DOCUMENT # | | | |

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

Date

Daytime Phone #

3/9/04 904 2498443