

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A12931

1. Entity Name
3000 ISLAND BOULEVARD ASSOCIATES, LTD.



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

City & State
Aventura, FL

City & State
Aventura, FL

04262004 Chg-LP CR2E003 (10/03)

4. FEI Number
22-2578055

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip
33160

Country
USA

Zip
33160

Country
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATUS, ALAN
7900 ISLAND BLVD.
NORTH MIAMI BEACH, 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 **Alan Matus**
 Signature, typed or printed name of registered agent and title if applicable.

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 # **F93000004567**
 NAME **3000 HOLDINGS, INC.**
 STREET ADDRESS **4000 ISLAND BOULEVARD**
 CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33160**

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT # **P27660**
 NAME **3000 ISLAND BOULEVARD, INC.**
 STREET ADDRESS **4000 ISLAND BOULEVARD**
 CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33160**

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
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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** **305-937-7826**

Date Daytime Phone #

FILED

04 APR 29 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE