

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

FILED
Mar 22, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # A13226 | |
| 1. Entity Name GALAXY, LTD. | |



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| Principal Place of Business 4820 HIGEL AVE SARASOTA FL 34242 | Mailing Address 4820 HIGEL AVE SARASOTA FL 34242 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |



MOORE CR2E003 (11/03)

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|---|--|
| 6. Name and Address of Current Registered Agent | |
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| HOWE, WILLARD 4820 HIGEL AVE SARASOTA FL 34242 |
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| 7. Name and Address of New Registered Agent | |
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|--|-------------|
| 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.

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|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

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|--|---|---|
| 9. Capital Contributions as Shown on record. \$83,860.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
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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.

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| 12. GENERAL PARTNER INFORMATION | 13. ADDRESS CHANGES ONLY |
|---------------------------------|--------------------------|

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|---|--|-----------------------------------|--|
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | F68030 APOGEE ASSOCIATES, INC. 4820 HIGEL AVE SARASOTA FL 34242 | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | |
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STAPLE CHECK HERE

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: *Willard Howe, President* **3/17/04 941-349-8885**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #