

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

fee 141.25

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 24 AM 9:24

DOCUMENT # A17262

1. Entity Name

CAPRI VILLAS, LTD.



Principal Place of Business

5751 PLANTATION ROAD  
PLANTATION FL 33317

Mailing Address

5751 PLANTATION ROAD  
PLANTATION FL 33317

2. Principal Place of Business

10760 NW 6TH Street

3. Mailing Address

10760 NW 6TH Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E003 (11/03)

City & State  
Plantation, FL

City & State  
Plantation, FL

4. FEI Number  
59-2406739

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

ALFRED H. WOLF  
3751 PLANTATION ROAD  
PLANTATION FL 33317

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

1/30/04  
DATE

9. Capital Contributions  
as Shown on record.

\$190.00

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  
WOLF, ALFRED H., JR.  
5751 PLANTATION ROAD  
PLANTATION FL

STREET ADDRESS

CITY-ST-ZIP

900030360449  
03/12/04--01017--002 \*\*141.25

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

Date

Daytime Phone #

Alfred H. Wolf  
Alfred H. Wolf / G Partner 1/30/04 954-475-8926

STAPLE CHECK HERE