

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

04 MAY -6 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A19014

1. Entity Name
**SMOKEWOOD REALTY ASSOCIATES I LIMITED
PARTNERSHIP**



Principal Place of Business
**% 215 NORTH EOLA DRIVE
ORLANDO, FL 32801**

Mailing Address
**% 215 NORTH EOLA DRIVE
ORLANDO, FL 32801**

2. Principal Place of Business
247 N. Westmonte Dr.

3. Mailing Address
247 N. Westmonte Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Altamonte Springs FL

City & State
Altamonte Springs FL

Zip
32714

Country

Zip
32714

Country

02022004

Chg-LP

CR2E003 (10/03)

4. FEI Number
05-0415007

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

**FILDES, RICHARD J
% LOWNDES, DROSDRICK, DOSTER ET AL
215 N. EOLA DR.
ORLANDO, FL 32802**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions
as Shown on record. **\$400.00**

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 # **G46246**
NAME **PICERNE DEVELOPMENT CORPORATION OF FLORIDA**
STREET ADDRESS **1000 N. ORLANDO AVENUE**
CITY-ST-ZIP **WINTER PARK, FL**

STREET ADDRESS
CITY-ST-ZIP
900037532919
06/02/04--01005--022 **141.25

DOCUMENT #
NAME **PICERNE, ROBERT M**
STREET ADDRESS **1000 N. ORLANDO AVENUE**
CITY-ST-ZIP **WINTER PARK, FL**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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 #

STAPLE CHECK HERE