

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A19548		
1. Entity Name SOUTH FLORIDA LITHOTRIPTERS LTD.		

Principal Place of Business 100 S.E. SECOND ST., STE. 4000 MIAMI, FL 33131	Mailing Address 100 S.E. SECOND ST., STE. 4000 MIAMI, FL 33131
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt # etc	Suite, Apt #, etc
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City & State	City & State
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Zip	Country	Zip	Country
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01232004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2508136	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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CFRA, LLC ONE HARBOUR PLACE, 777 S. HARBOUR ISL BLVD STE. 500 TAMPA, FL 33602	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 _____
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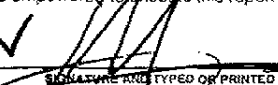
9. Capital Contributions as Shown on record. \$2,765,460.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	MADORSKY, MARTIN 2000 S. BAYSHORE DRIVE, VILLA #41 MIAMI, FL 33133	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	000000000075 03/17/04-80002-002-526.25
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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.
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SIGNATURE: 	2/2/04	305-530-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

STAPLE CHECK HERE