


2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

FILED
Feb 08, 2005 08:00 AM
Secretary of State

| | | | |
|---|----------------------------------|---|---------|
| DOCUMENT # A21039 | |  | |
| 1. Entity Name LEEDS ASSOCIATES LTD | | | |
| Principal Place of Business 4001 N. OCEAN BLVD., PH4B BOCA RATON FL 33431 | | Mailing Address 4001 N. OCEAN BLVD., PH4B BOCA RATON FL 33431 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent KAGAN, ARNOLD H 4001 N. OCEAN BLVD., PH4B BOCA RATON FL 33431 | | 7. Name and Address of New Registered Agent 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | DATE | |
| 9. Capital Contributions as Shown on record. \$1,900.00 | | 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 # | P02000115290 | STREET ADDRESS | |
| NAME | HIBISCUS CORP. | CITY-ST-ZIP | |
| STREET ADDRESS | 4001 N. OCEAN BLVD., PH4B | | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | | |



1ST MOORE CR2E003 (10/04)

4. FEI Number **59-2582358** Applied For
Not Applicable

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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

U00000220054
02/08/05-80053-009 141.25

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

ARNOLD H. KAGAN

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/31/05 **561-3687223**

Date Daytime Phone #

STAPLE CHECK HERE