

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 OCT 22 PM 4:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAJH

DOCUMENT # A22740	
1. Entity Name BALAS, LIMITED	



Principal Place of Business 121 EMERALD KEY LANE PALM BEACH GARDENS, FL 33418	Mailing Address 121 EMERALD KEY LANE PALM BEACH GARDENS, FL 33418
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



08182004 Chg-LP CR2E003 (10/03)

10/22

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BALAS, EUNICE 121 EMERALD KEY LANE PALM BEACH, FL 33418	

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

9. Capital Contributions as Shown on record. \$709,791.90	10. Amount of Capital Contributions in FLORIDA to date. 514,948.00	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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	
DOCUMENT #	BALAS, EUNICE 121 EMERALD KEY LANE PAL BEACH GARDENS, FL 33418	STREET ADDRESS	400042792184 11/16/04--01045--001 **526.25
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

REINSTATEMENT 2004
W/o Penalty fees

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: **X Eunice Balas** **X 8/23/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE