

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A23831

1. Entity Name
LAUDERDALE INVESTMENTS, A CALIFORNIA LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 23 PM 3:38

Principal Place of Business
**2440 S.E. FEDERAL HWY, STE. 600
STUART, FL 34994**

Mailing Address
**P.O. BOX 359
STUART, FL 34995**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082004 Chg-LP CR2E003 (10/03)

4. FEI Number
95-4078701

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

**SHARFF, BURTON G
2315 SOUTH CONGRESS AVENUE
WEST PALM BEACH, FL 33406**

Name **Char O'Donnell, Administrator**
Street Address (P.O. Box Number is Not Acceptable)
2440 SE Federal Hwy, Suite 600
City **Stuart** **FL** Zip Code **34994**

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 *Char O'Donnell* Administrator

3-11-04

DATE

9. Capital Contributions as Shown on record. **\$3,189,200.00**

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 #
NAME **GARRIS, STANLEY R**
STREET ADDRESS **2440 S.E. FEDERAL HWY, STE. 600**
CITY-ST-ZIP **STUART, FL 34994**

STREET ADDRESS

CITY-ST-ZIP

100032102091
04/07/04--01049--029 **526.25

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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: *Stanley R. Garris* Stanley R. Garris 3-11-04 772-287-1844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #