

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A23962**

1. Entity Name  
**SEBASTIAN ASSOCIATES, LTD.**



Principal Place of Business  
 1001 W. CYPRESS CREEK RD. #320  
 FT. LAUDERDALE, FL 33309

Mailing Address  
 1001 W. CYPRESS CREEK RD. #320  
 FT. LAUDERDALE, FL 33309



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004 Chg-LP CR2E003 (10/03)

4. FEI Number  
 59-2753216

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

NOBIL, JAMES H.  
 1001 W. CYPRESS CREEK RD.  
 SUITE 320  
 FT. LAUDERDALE, FL 33309

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

9. Capital Contributions  
 as Shown on record. \$1,645,000.00

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 NOBIL, JAMES H  
 STREET ADDRESS 1001 W. CYPRESS CREEK RD. #320  
 CITY-ST-ZIP FT. LAUDERDALE, FL 33309

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME NOBIL, LYNN  
 STREET ADDRESS 1001 W. CYPRESS CREEK RD. #320  
 CITY-ST-ZIP FT. LAUDERDALE, FL 33309

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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:

*James H. Nobil* JAMES H. NOBIL  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/14/04

Date

954-772-5320

Daytime Phone #

STAPLE CHECK HERE