

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A24629

1. Entity Name
SOMAD INVESTORS, A FLORIDA LIMITED PARTNERSHIP



FILED

04 FEB -2 AM 9:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01262004 Chg-LP CR2E003 (10/03)

Principal Place of Business
**2929 E. COMMERCIAL BLVD.
SUITE 409
FT. LAUDERDALE, FL 33308**

Mailing Address
**2929 E. COMMERCIAL BLVD.
SUITE 409
FT. LAUDERDALE, FL 33308**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number
65-0002539

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARNES, JOSEPH B.
2929 E. COMMERCIAL BLVD.
SUITE 409
FT. LAUDERDALE, FL 33308**

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. **\$12,520.00**

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

DOCUMENT # **S96087**
NAME **SOMAD INVESTMENT COMPANY**
STREET ADDRESS **2929 E. COMMERCIAL BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE, FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP

900028695939
02/13/04--01008--013 **176.39

M THOMAS

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: *W. J. G. Galt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE