

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

**DOCUMENT # A25063**

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



Principal Place of Business  
**3823 OWENS ROAD  
YULEE, FL 32097-2145**

Mailing Address  
**3823 OWENS ROAD  
YULEE, FL 32097-2145**

2. Principal Place of Business  
**581705 White Oak Road**

3. Mailing Address  
**581705 White Oak Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232004

Chg-LP

CR2E003 (10/03)

City & State  
**Yulee, FL**

City & State  
**Yulee, FL**

4. FEI Number

**13-3420664**

Applied For

Not Applicable

Zip  
**32097**

Country  
**USA**

Zip  
**32097**

Country  
**USA**

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**

**SIEGEL, JEROME A  
3823 OWENS ROAD  
YULEE, FL 32097**

Name

Street Address (P.O. Box Number is Not Acceptable)

**581705 White Oak Road**

City  
**Yulee**

FL

Zip Code  
**32097**

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.

**\$11,000.00**

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 #  
**J88450**  
NAME  
**TOBER CAPITAL CORPORATIO**  
STREET ADDRESS  
**3823 OWENS ROAD**  
CITY-ST-ZIP  
**YULEE, FL 320972145**

STREET ADDRESS  
**581705 White Oak Road**  
CITY-ST-ZIP  
**Yulee, FL 32097**

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:

*Jerome A Siegel*  
**Jerome A Siegel**

**2/12/04**

Date

**212-410-7535**

Daytime Phone #

FILED

04 MAY 27 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE