

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

**DOCUMENT # A25662**

1. Entity Name  
SR76 AND 76A LTD PARTNERSHIP

Principal Place of Business  
505 S.E. ST. LUCIE BOULEVARD  
STUART, FL 34996

Mailing Address  
505 S.E. ST. LUCIE BOULEVARD  
STUART, FL 34996

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052004 Chg-LP CR2E003 (10/03)

4. FEI Number  
65-0013162

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

KLEIN, ROBERT C.  
505 SE ST. LUCIE BLVD.  
STUART, FL 34996

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. \$1,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. 1,000.00

**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  
STREET ADDRESS  
CITY-ST-ZIP  
KLEIN, ROBERT C.  
505 S.E. ST. LUCIE BLVD.  
STUART, FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
KLEIN, SANDRA L.  
505 S.E. ST. LUCIE BLVD.  
STUART, FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

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:

Signature and typed or printed name of signing general partner

ROBERT C. KLEIN

(772) 288-0170

Date Daytime Phone #

FILED

2004 FEB 23 PM 1:15

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE