

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A26335 1. Entity Name SNAPPER CREEK SHOPPING CENTER, LTD.					
Principal Place of Business 1550 MADRUGA AVE. SUITE 230 CORAL GABLES, FL 33146			Mailing Address 1550 MADRUGA AVE. SUITE 230 CORAL GABLES, FL 33146		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SNAPPER CREEK, INC. 1550 MADRUGA AVE. SUITE 230 CORAL GABLES, FL 33146				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. \$7,319,062.01			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 # M77349				STREET ADDRESS	
NAME SNAPPER CREEK, INC.				CITY-ST-ZIP	
STREET ADDRESS 1550 MADRUGA AVE. STE. 230					
CITY-ST-ZIP CORAL GABLES, FL 33146					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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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: <u>Peter A. Roberts, s/p</u> PETER A. ROBERTS				3/10/04 305-667-6461 Date Daytime Phone #	



01072004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2086449 Applied For Not Applicable

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

STAPLE CHECK HERE