


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|-------------------------|---|---|--|--|
| DOCUMENT # A26392 1. Entity Name LAKE WORTH WATERSIDE LIMITED PARTNERSHIP | | | |  | |
| Principal Place of Business 2415 TENTH AVENUE NORTH LAKE WORTH FL 33461 | | | Mailing Address 2415 TENTH AVENUE NORTH LAKE WORTH FL 33461 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| 4. FEI Number 65-0050789 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent MAYHUT, MARY M INTERNATIONAL PROPERTY MGMT. & DEVELOPMENT 2415 10TH AVE. LAKE WORTH FL 33461 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$10.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION | |
| 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 # | K23104 | | STREET ADDRESS | | |
| NAME | WEISERT WATERSIDE CORP. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 2415 TENTH AVE., NORTH | | | | |
| CITY-ST-ZIP | LAKE WORTH FL | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
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| 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: <i>Martina Scherbaum</i> <i>Martina Scherbaum</i> 3/10/04 561 968-938 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small> | | | | | |



MOORE CR2E003 (11/03)

STAPLE CHECK HERE