

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

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A27143**

1. Entity Name  
**PICERNE WEST PALM PARTNERS, LTD.**



Principal Place of Business  
**247 N. WESTMONTE DR.  
ALTAMONTE SPRINGS, FL 32714**

Mailing Address  
**ATTN: ROBERT M. PICERNE  
247 N. WESTMONTE DR.  
ALTAMONTE SPRINGS, FL 32714**

2. Principal Place of Business

3. Mailing Address



04142004 Chg-LP CR2E003 (10/03)

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number

**05-0441442**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FILDES, RICHARD J ESQ.  
% LOWNDES, DROSDICK, DOSTER, KANTOR ET AL  
215 N. EOLA DRIVE  
ORLANDO, FL 32801**

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

**\$490.00**

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 # **P98000078906**  
NAME **PICERNE WEST PALM BEACH DEVELOPMENT, INC.**  
STREET ADDRESS **247 N. WESTMONTE DR.**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

**05/07/04-80018-007 141.25**

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

Date

Daytime Phone #

**4/27/04**

STAPLE CHECK HERE