

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

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A28268**

1. Entity Name  
**IMPERIALAKES INVESTMENT ASSOCIATES, L.P., A  
DELAWARE LIMITED PARTNERSHIP**



Principal Place of Business  
**220 EAST 42ND STREET, 27TH FLOOR  
NEW YORK, NY 10017**

Mailing Address  
**220 EAST 42ND STREET, 27TH FLOOR  
NEW YORK, NY 10017**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite Apt. # etc

City & State

City & State

Zip

Country

Zip

Country

04292004

Chg-LP

CR2E003 (10/03)

4. FEI Number

**13-3521047**

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

**PARALEGAL & ATTORNEY SERVICE, INC.  
1020 EAST LAFAYETTE STREET  
SUITE 110-A  
TALLAHASSEE, FL 32301**

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

**\$13,367,697.00**

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 # **F93000000524**  
NAME **LODEX IMPERIALAKES, INC.**  
STREET ADDRESS **220 EAST 42ND STREET**  
CITY-ST-ZIP **NEW YORK, NY 10017**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **F93000000996**  
NAME **MODEX IMPERIALAKES, INC.**  
STREET ADDRESS **220 EAST 42ND STREET**  
CITY-ST-ZIP **NEW YORK, NY 10017**

STREET ADDRESS

CITY-ST-ZIP

**100000159972**  
**05/10/04-80026-025 526.25**

DOCUMENT #  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4/30/04**

**212 687 4740**

STAPLE CHECK HERE