

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

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A28909 1. Entity Name RICHARD J. PERROTTA FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 112 SW PEACOCK BLVD. #201 PT. ST. LUCIE FL 34986			Mailing Address 112 SW PEACOCK BLVD. #201 PT. ST. LUCIE FL 34986		
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	
PERROTTA, RICHARD J 8004 PLANTATION LAKES DR. PT. ST. LUCIE FL 34986-3013				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.		\$434,000.00		10. Amount of Capital Contributions in FLORIDA to date. 434,000.00	
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 #	NAME			STREET ADDRESS	
NAME	PERROTTA, RICHARD J			CITY-ST-ZIP	
STREET ADDRESS	112 SW PEACOCK BLVD. #201				
CITY-ST-ZIP	PT. ST. LUCIE FL 34986				
DOCUMENT #	NAME			STREET ADDRESS	
NAME	PERROTTA, MARY LYNN T			CITY-ST-ZIP	
STREET ADDRESS	112 SW PEACOCK BLVD. #201				
CITY-ST-ZIP	PT. ST. LUCIE FL 34986				
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MOORE CR2E003 (11/03)

4. FEI Number **59-2964638** Applied For Not Applicable

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

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: RICHARD J. PERROTTA 3/30/04 772-344-895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE