

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

FILED

04 MAY 21 PM 1:35

DEPT. OF STATE
TALLAHASSEE, FLORIDA

MJH

DOCUMENT # A29396

1. Entity Name

ADM3 PARTNERS, LTD.



Principal Place of Business

13817 VIA ROMA CIRCLE
CLERMONT FL 34711

Mailing Address

P.O. BOX 121799
CLERMONT FL 34712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2936169

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

CUMMINS AND NAILOS, P.A.
450 E. HIGHWAY 50 SUITE 7
CLERMONT FL 34711

Name

Street Address (P.O. Box Number is Not Acceptable)

2215 CLUSTER OAK DR, Suite 2

City

CLERMONT

FL

Zip Code

34711

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.

FOR \$996,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$400,000

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

DOCUMENT # J80829
NAME P.E.I. HOMES, INC.
STREET ADDRESS P.O. BOX 171799
CITY-ST-ZIP CLERMONT FL 34712

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

600037868886
06/11/04--01021--010 **526.25

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 629, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/8/04 (352) 243-0125

STAPLE CHECK HERE