

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

APPROVED  
 AND  
 FILED

04 MAY 10 AM 8:18  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # A29709**

1. Entity Name  
**BROOKSIDE TREE FARM LIMITED PARTNERSHIP**



Principal Place of Business  
**5801 N. CONGRESS AVENUE  
 BOCA RATON, FL 33487**

Mailing Address  
**5801 N. CONGRESS AVENUE  
 BOCA RATON, FL 33487**



02262004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business  
**5801 Congress Avenue**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5801 Congress Avenue**  
 Suite, Apt. #, etc.

City & State  
**Boca Raton, FL**  
 Zip  
**33487**  
 Country

City & State  
**Boca Raton, FL**  
 Zip  
**33487**  
 Country

4. FEI Number  
**65-0198522**  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BROOKSIDE TREE FARM, INC.  
 5801 N. CONGRESS AVENUE  
 BOCA RATON, FL 33487**

**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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and the if applicable.

DATE \_\_\_\_\_

9. Capital Contributions  
 as Shown on record. **\$870,000.00**

10. Amount of Capital Contributions  
 in FLORIDA to date. **1,000.00**

**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 #	L48195
NAME	BROOKSIDE TREE FARM INC
STREET ADDRESS	5801 N. CONGRESS AVENUE
CITY-ST-ZIP	BOCA RATON, FL 33487
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	<b>5801 Congress Avenue</b>
CITY-ST-ZIP	<b>Boca Raton, FL 33487</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

**600037570896**  
 06/02/04 01008 013 \*\*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 609, Florida Statutes

**SIGNATURE:**

*Steve Wolf*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/26/04** **561-498-5200**  
 Date Daytime Phone #

STAPLE CHECK HERE