

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A30442

1. Entity Name
STUART CENTER ASSOCIATES, LTD.



Principal Place of Business
**324 ROYAL PALM WAY, STE. 231
PALM BEACH, FL 33480**

Mailing Address
**P.O. BOX 2771
PALM BEACH, FL 33480**

FILED

04 APR 29 PM 12:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



02252004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0228233

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HASFIELD, RANDY
324 ROYAL PALM WAY, STE. 231
PALM BEACH, FL 33480**

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 title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$10.00**

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 # **S80713**
NAME **S.C.A. & COMPANY, INC.**
STREET ADDRESS **324 ROYAL PALM WAY, STE. 231**
CITY-ST-ZIP **PALM BEACH, FL 33480**

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000036194180
05/12/04--01035--017 **291.25

[Handwritten signature]

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: *[Handwritten signature]* **Marc Hasfield Partner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/04

Date

561-6552829

Daytime Phone #

STAPLE CHECK HERE