

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 JUL 12 AM 10:40

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

MJH

DOCUMENT # A31010

1. Entity Name
CODEVCO LIMITED PARTNERSHIP



Principal Place of Business
**2901 NORTH A1A
FT. PIERCE, FL 34949**

Mailing Address
**450 EAST DEVON AVENUE
ITASCA, IL 60143**

2. Principal Place of Business
3211 N. A1A

Suite, Apt. #, etc.

3. Mailing Address
303 W. Madison

Suite, Apt. #, etc.

1300

City & State
Fort Pierce, FL

Zip Country
34949

City & State
Chicago, Illinois

Zip Country
60606 Cook

07072004

Chg-LP

CR2E003 (10/03)

4. FEI Number
36-3742918

Applied for
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, MAURICE M.
2021 TYLER STREET
HOLLYWOOD, FL 33022**

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. **\$100,792,032.20**

10. Amount of Capital Contributions
in FLORIDA to date. **\$1,097,203.73**

**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 # **F92000000414**
NAME **CODEVCO REAL ESTATE CO.**
STREET ADDRESS **450 E. DEVON AVE.**
CITY-ST-ZIP **ITASCA, IL**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **303 W. Madison - Suite 1300**
CITY-ST-ZIP **Chicago, IL 60606**

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CITY-ST-ZIP

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STREET ADDRESS
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: *Ivan S. Novick* **Ivan S. Novick**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/9/2004

Date

312 384-8113

Daytime Phone #

STAPLE CHECK HERE