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

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

DOCUMENT # A31013

1. Entity Name
BOULANGER FAMILY LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| 1986 N.E. 149TH ST.<br>NORTH MIAMI, FL 33179 | 1986 N.E. 149TH ST.<br>NORTH MIAMI, FL 33179 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

03092004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0253360 — 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 |
|---|---|
| JEWETT, CHARLES E<br>2514 HOLLYWOOD BLVD., SUITE #508<br>HOLLYWOOD, FL 33020 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. $300,100.00

10. Amount of Capital Contributions in FLORIDA to date. $300,100.00

**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 | 13. ADDRESS CHANGES ONLY |
|---|---|
| DOCUMENT #<br>NAME: BOULANGER, LAURIS<br>STREET ADDRESS: 2435 HXD. BLVD. #204<br>CITY-ST-ZIP: HOLLYWOOD, FL | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME: BOULANGER, DIANE<br>STREET ADDRESS: 2435 HXD. BLVD. #204<br>CITY-ST-ZIP: HOLLYWOOD, FL | STREET ADDRESS: U00000114309 04/15/04-80042-016 526.25<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>CITY-ST-ZIP |

STAPLE CHECK HERE

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:** General Partner 04-05-04 305-940-0106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #