

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

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A31829**

1. Entity Name

**INTERNATIONAL PROPERTY HOLDINGS, LIMITED  
PARTNERSHIP**



Principal Place of Business

**2086 WILDRIDGE DRIVE  
TALLAHASSEE FL 32303**

Mailing Address

**2086 WILDRIDGE DRIVE  
TALLAHASSEE FL 32303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E003 (11/03)

4. FEI Number

**59-3079309**

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

**DARTLAND, WALTER T.  
2086 WILDRIDGE DRIVE  
TALLAHASSEE FL 32303**

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

*Walter T. Dartland*  
Signature, typed or printed name of registered agent and title if applicable

**4/30/04**  
DATE

9. Capital Contributions  
as Shown on record

**\$42,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$15000**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
1	DARTLAND WALTER T.	2086 WILDRIDGE DRIVE	TALLAHASSEE FL
2			
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05/10/04-00012-020 141.25

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 620, Florida Statutes.

**SIGNATURE:**

*Walter T. Dartland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/30/04** **850-562-2086**  
Date Daytime Phone #

STAPLE CHECK HERE