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

HERE

CHECK

STAPLE

**SIGNATUR** 

## Apr 14, 2004 08:00 AM Secretary of State DOCUMENT # A32740 THE VEROLA FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 135 ANCHOR DR VERO BEACH FL 32963 135 ANCHOR DR VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CR2E003 (11/03) City & State 4. FEI Number City & State Applied For 65-0333949 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VEROLA, MARINA E. 135 ANCHOR DR Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32963 City Zip Code 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 applicably 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$98,010.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 12. 13. ADDRÉSS CHÂNGES ONLY DOCUMENT # P96000085409 STREET ADDRESS NAME ANCHOR GROUP USA, INC. STREET ADORESS 135 ANCHOR DRIVE CITY - ST - ZIP U000000120797 City-St-789 VERO BEACH FL 32963 <del>04/20/04-90024-003 526, 25</del> DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP SOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-St-ZiP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP C37Y-ST-739 14. Thereby 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 employed to execute this report as required by Chapter 620, Florida Statutes

**FILED**