

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

DOCUMENT # A32924

1. Entity Name

MINORCA HOLDINGS, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 12 PM 12:39

Principal Place of Business

5241 S.W. WINDWARD WAY
PALM CITY FL 34990

Mailing Address

5241 S.W. WINDWARD WAY
PALM CITY FL 34990

2. Principal Place of Business

1608 SE Shelburnie Way

Suite, Apt. #, etc.

3. Mailing Address

1608 SE Shelburnie Way

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

Zip

34952

Country

USA

Zip

34952

Country

USA

4. FEI Number

65-0328112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M.
KRAMER & ZUCKERMAN, P.A.
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021

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.

\$9,900.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
WARSAGER, JACK
5241 S.W. WINDWARD WAY
PALM CITY FL 34990

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
1608 SE Shelburnie Way
Port St. Lucie, FL 34952

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/10/04 772-337-4117