

2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005

DOCUMENT # A32998

1. Entity Name  
RED HOOK, LTD.



**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
13844 LE BATEAU ISLE  
FRENCHMAN'S CREEK  
PALM BEACH GARDENS, FL 33410

Mailing Address  
1 RICHMOND SQUARE, SUITE 100C  
PROVIDENCE, RI 02906



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

01032005 Chg-LP CR2E003 (10/03)

4. FEI Number  
65-0334454

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHEIN, HAROLD I.  
FRENCHMAN'S CREEK  
13844 LE BATEAU ISLE  
PALM BEACH GARDENS, FL 33410

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions  
as Shown on record. \$7,500.00

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 #	V38989	STREET ADDRESS	
NAME	RED HOOK MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	13844 LE BATEAU ISLE		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		
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NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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04/18/05-80137-004 141.25

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: \_\_\_\_\_

*[Signature]*

1/11/05

STAPLE CHECK HERE