

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A92000000180

1. Entity Name
 3040 N 29TH AVENUE, LTD.



FILED

04 JAN 29 AM 9:28

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



01162004 Chg-LP CR2E003 (10/03)

Principal Place of Business
 3040 NORTH 29TH AVENUE
 HOLLYWOOD, FL 33020

Mailing Address
 3040 NORTH 29TH AVENUE
 HOLLYWOOD, FL 33020

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country

4. FEI Number
 65-0375227

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SCHNEIDER, ROBERT
 3040 N 29TH AVENUE
 HOLLYWOOD, FL 33020

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. **\$10.00**

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 # 264290
 NAME ATLAS PEN & PENCIL CORPORATION
 STREET ADDRESS 3040 N 29TH AVENUE
 CITY-ST-ZIP HOLLYWOOD, FL 33020

STREET ADDRESS
 CITY-ST-ZIP

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900027903029
 01/23/04 01075 011 **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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-23-04 954 920 4444
 Date Daytime Phone #

STAPLE CHECK HERE