

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 MAR 19 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PK*



03122004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3156027 Applied For Not Applicable

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

**DOCUMENT # A93000000002**  
1. Entity Name  
**THE CURRY FAMILY PARTNERSHIP, LTD.**



Principal Place of Business  
**801 BRICKELL AVENUE, SUITE 2250  
MIAMI, FL 33131**

Mailing Address  
**801 BRICKELL AVENUE, SUITE 2250  
MIAMI, FL 33131**

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

3. Mailing Address Suite, Apt. #, etc.  
City & State  
Zip Country

6. Name and Address of Current Registered Agent  
**PIERCE, ROBERT A  
227 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 32301**

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]* DATE

9. Capital Contributions as Shown on record. **\$1,056,562.50**  
10. Amount of Capital Contributions in FLORIDA to date. **DUE \$ 526.25**

**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 #	018091	STREET ADDRESS	
NAME	BESSEMER TRUST COMPANY OF FLORIDA	CITY-ST-ZIP	
STREET ADDRESS	801 BRICKELL AVENUE, SUITE 2250		
CITY-ST-ZIP	MIAMI, FL 33131		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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:** *Jane Thornburg for BTC of FL (GP)* 3/12/04 305-702-7281  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE