

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jun 14, 2004 08:00 AM
Secretary of State

DOCUMENT # A93000000506

1. Entity Name
THE SCHLESINGER FAMILY LIMITED PARTNERSHIP



Principal Place of Business
1500 SAN REMO AVENUE, STE. 135
CORAL GABLES, FL 33146

Mailing Address
1500 SAN REMO AVENUE, STE. 135
CORAL GABLES, FL 33146



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06092004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0430383

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHLESINGER, JAMES A
1500 SAN REMO
SUITE 135
CORAL GABLES, FL 33146

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. **\$250,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 # P93000032570
NAME JASGAP, INC.
STREET ADDRESS 1500 SAN REMO AVENUE, STE. 185-A
CITY-ST-ZIP CORAL GABLES, FL 33146

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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:

James A. Schlesinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

06/04/04 305 662-9559
Date Daytime Phone #

STAPLE CHECK HERE