



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # A9300000623					
1. Entity Name GERAMI FAMILY, LTD.					
Principal Place of Business 2320 NORTH ORANGE AVENUE, SUITE 201 ORLANDO, FL 32804			Mailing Address 2320 NORTH ORANGE AVENUE, SUITE 201 ORLANDO, FL 32804		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01222004 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent				4. FEI Number	
GERAMI, SOHRAB 2320 NORTH ORANGE AVENUE, SUITE 201 ORLANDO, FL 32804				59-3189833	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$5,750,000.00			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 #	NAME		STREET ADDRESS		
	GERAMI, SOHRAB				
	STREET ADDRESS		CITY-ST-ZIP		
	2320 NORTH ORANGE AVENUE, SUITE 201		000000070390 03/28/04-80023-022 526.25		
	CITY-ST-ZIP				
	ORLANDO, FL 32804				
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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: <i>X</i>			 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		
			1/28/04 <small>Date</small>		
			407-896-7111 <small>Daytime Phone #</small>		

STAPLE CHECK HERE