


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

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

|                                 |  |   |
|---------------------------------|--|---|
| <b>DOCUMENT # A93000000939</b>  |  |  |
| 1. Entity Name<br>SU CASA, LTD. |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>7900 GLADES ROAD, SUITE 420<br>BOCA RATON, FL 33434 | Mailing Address<br>7900 GLADES ROAD, SUITE 420<br>BOCA RATON, FL 33434 |
|--|--|

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



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|   |  |  |
|---|--|--|
| 4. FEI Number<br>65-0436430   |  | Applied For<br><input type="checkbox"/> Not Applicable   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required   |
| 6. Name and Address of Current Registered Agent<br>TOPPEL, JONATHAN ESQ.<br>7900 GLADES ROAD, STE 420<br>BOCA RATON, FL 33434 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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. \$5,700,000.00 | 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 #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S51867<br>TOPP-HILL FARMS, INC.<br>7900 GLADES ROAD, #420<br>BOCA RATON, FL 33434 | STREET ADDRESS<br>CITY - ST - ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS<br>CITY - ST - ZIP |  |
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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)(f), 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:** Harold Toppel **3/26/04** **561-451-4696**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE