

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

DOCUMENT # A93000000939

1. Entity Name  
SU CASA, LTD.



Principal Place of Business  
7900 GLADES ROAD, SUITE 420  
BOCA RATON, FL 33434

Mailing Address  
7900 GLADES ROAD, SUITE 420  
BOCA RATON, FL 33434

2. Principal Place of Business  
7900 Glades Rd.

3. Mailing Address  
7900 Glades Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #600

Suite #600

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Country

Zip

Country

33434

Palm Beach

33434

Palm Beach

6. Name and Address of Current Registered Agent

TOPPEL, JONATHAN ESQ.  
7900 GLADES ROAD, STE 420  
BOCA RATON, FL 33434

Name

Street Address (P.O. Box Number is Not Acceptable)

7900 Glades Rd. Suite #600

City

Boca Raton

FL

Zip Code

33434

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.

Jonathan Toppel

4/27/05  
DATE

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

DOCUMENT # S51867  
NAME TOPP-HILL FARMS, INC.  
STREET ADDRESS 7900 GLADES ROAD, #420  
CITY-ST-ZIP BOCA RATON, FL 33434

13. ADDRESS CHANGES ONLY

STREET ADDRESS 7900 Glades Rd. Suite #600

CITY-ST-ZIP Boca Raton, FL 33434

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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:

Harold Toppel

4/27/05 561-451-4696  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

05 APR 29 PM 5:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01172005 Chg-LP CR2E003 (10/03)

4. FEI Number  
65-0436430

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7900 Glades Rd. Suite #600

City

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Daytime Phone #

STAPLE CHECK HERE