

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A93000001133

1. Entity Name

THE WILLIAM BRODY FAMILY LIMITED PARTNERSHIP



FILED

04 FEB -4 AM 11:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



MOORE CR2E003 (11/03)

Principal Place of Business
**1400 SOUTH TREASURE DRIVE
NORTH BAY VILLAGE FL 33141**

Mailing Address
**1400 SOUTH TREASURE DRIVE
NORTH BAY VILLAGE FL 33141**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NO-T APPLICABLE**

Applied For

Not Applicable

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

**DAAR, ALYSON
1400 SOUTH TREASURE DRIVE
NORTH BAY VILLAGE FL 33141**

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.

\$15,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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
CITY-ST-ZIP
**DAAR, ALYSON
1400 SOUTH TREASURE DRIVE
NORTH BAY VILLAGE FL 33141**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**WOLFSON, RESA
1400 SOUTH TREASURE DRIVE
NORTH BAY VILLAGE FL 33141**

STREET ADDRESS

CITY-ST-ZIP

**000029111470
02/20/04--01020--026 **193.75**

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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:

Alyson Daar

ALYSON DAAR

1-29-04

Date

Daytime Phone #

STAPLE CHECK HERE