

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A93000001279		
1. Entity Name FOUR SISTERS MANAGEMENT SYSTEMS, LTD.		

Principal Place of Business ATTN: LAWRENCE J. KALES, DPM 7117 S.R. 52 HUDSON, FL 33567	Mailing Address ATTN: LAWRENCE J. KALES, DPM 7117 S.R. 52 HUDSON, FL 33567
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2. Principal Place of Business	3. Mailing Address
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State, Apt. #, etc.	State, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02232004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0454114	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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KRAMER, ROBERT M C/O KRAMER, GREEN, ET AL 4000 HOLLYWOOD BLVD., SUITE 485 SO. HOLLYWOOD, FL 33021	Name Street Address (P.O. Box Number is Not Acceptable) City
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FL	Zip Code
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B. 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 required on behalf of registered agent and filed as applicable.

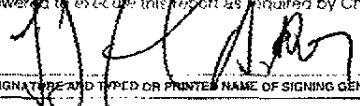
9. Capital Contributions as Shown on Return. \$990.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
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DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP	KALES, LAWRENCE J 7117 S.R. 52 HUDSON, FL 33567	STREET ADDRESS CITY-STATE-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)(b), 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: 	2/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	

STAPLE CHECK HERE