

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000000529 1. Entity Name ESTUMKEDA, LTD.					
Principal Place of Business 6300 STIRLING ROAD HOLLYWOOD, FL 33024			Mailing Address 6300 STIRLING ROAD HOLLYWOOD, FL 33024		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01092004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0487761	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DORSKY, ERIC ESQ 7320 GRIFFIN ROAD, SUITE 220 DAVIE, FL 33314			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$500,990.00			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 CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
P94000019591 THE NEW MEYERS AIRPLANE COMPANY 6300 STIRLING RD. HOLLYWOOD, FL 33024 <i>n/c 12/17/95</i> MICCO AIRCRAFT INC			1000000069494 02/28/04-80009-002 526.25		
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone # _____		

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