

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A94000000758

1. Entity Name
HAVANA STEAM PARTNERS, LTD.



FILED

2004 APR 23 PM 3: 55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**POST OFFICE BOX 1128
HAVANA, FL 32333**

Mailing Address
**POST OFFICE BOX 1128
HAVANA, FL 32333**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-3237858

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROCKWOOD, THOMSON W
HIGHWAY 27 NORTH
HAVANA, FL 32333**

Name

same

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

8001 FL-GA HWY

City

same

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

Thomson W Rockwood

4/19/04

DATE

9. Capital Contributions as Shown on record.

\$31,500.00

10. Amount of Capital Contributions in FLORIDA to date.

31,500.00

220.50 + 88.75 = 309.25

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 # **F94000002739**
NAME **HAVANA BOILER COMPANY**
STREET ADDRESS **POST OFFICE BOX 1128, HWY 27 NORTH**
CITY-ST-ZIP **HAVANA, FL 32333**

STREET ADDRESS

CITY-ST-ZIP

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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:

Thomson W Rockwood

4/19/04

850-539-6432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE