

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

DOCUMENT # A94000000782

1. Entity Name

CDL - CHRISTINAT DIVERSIFIED, LTD.



FILED

04 JAN 30 PM 2:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA



MOORE CR2E003 (11/03)

Principal Place of Business
3631 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309

Mailing Address
3631 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309

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

65-0500297

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

CHRISTINAT, FRITZ O.P.
3631 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309

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.

\$500,000.00

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 # P94000043707
NAME CDL - CHRISTINAT DIVERSIFIED, INC.
STREET ADDRESS 3631 W. COMMERCIAL BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33309

STREET ADDRESS

CITY-ST-ZIP

300027981373

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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: FRITZ CHRISTINAT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

26 JAN 04 731-8570

Date

Daytime Phone #

STAPLE CHECK HERE