

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

DOCUMENT # A94000001155

1. Entity Name

IRELAND FAMILY LIMITED PARTNERSHIP



FILED

2004 APR 21 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3232 CALLE LARGO
HOLLYWOOD FL 33021

Mailing Address
3232 CALLE LARGO
HOLLYWOOD FL 33021

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

65-0543059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

MOORE

CR2E003 (11/03)



6. Name and Address of Current Registered Agent

GLASSER, GENE K
C/O ABRAMS/ANTON/ROBBINS/RESNICK/SCHNEIDER
2021 TYLER STREET
HOLLYWOOD FL 33022

7. Name and Address of New Registered Agent

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.

\$107,800.00

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
IRELAND, CAROL
3232 CALLE LARGO
HOLLYWOOD FL 33021

STREET ADDRESS
CITY - ST - ZIP
500035797165
05/10/04--01031--017 **88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP
500035797165
05/10/04--01031--018 **437.50

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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: *Carol Ireland*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Carol Ireland 4-19-04 (954)961-4696
Date Daytime Phone #

STAPLE CHECK HERE