

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A94000001358

1. Entity Name
MADRUGA HOLDINGS, LTD.



Principal Place of Business
 % LEE M. CASLER
 10830 SW 29TH PLACE
 DAVIE, FL 33328

Mailing Address
 % LEE M. CASLER
 10830 SW 29TH PLACE
 DAVIE, FL 33328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112004

Chg-LP

CR2E003 (10/03)

4116

4. FEI Number
 65-0523324

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

KRAMER, ROBERT M
 C/O KRAMER, GREEN & ZUCKERMAN, P.A.
 4000 HOLLYWOOD BLVD., SUITE 485 SO.
 HOLLYWOOD, FL 33021

Name **DOUGLAS COVE**
 Street Address (P.O. Box Number is Not Acceptable)

2219 HOLLYWOOD BLVD

City **HOLLYWOOD**

FL Zip Code **33020**

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 Lee Casler
 Signature, typed or printed name of registered agent and filer, if applicable.

DATE

9. Capital Contributions
 as Shown on record. **\$10,000.00**

10. Amount of Capital Contributions
 in FLORIDA to date.

4-12-04

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

CASLER, LEE M
 10830 SW 29 PL
 DAVIE, FL 33328

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
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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:

LEE CASLER
Lee Casler

4-12-04 954-382-1217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE