

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A95000000074

1. Entity Name
THE SWEETING GROUP, LTD.



FILED

04 JUN 24 AM 9:29

STATE
TALLahassee FLORIDA

MJH

Principal Place of Business
**1119 COTORRO AVE.
CORAL GABLES, FL 33146**

Mailing Address
**1119 COTORRO AVE.
CORAL GABLES, FL 33146**

2. Principal Place of Business

3. Mailing Address



06182004 Chg-LP CR2E003 (10/03)

6/24

4. FEI Number
65-0551107

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLICK, JERRY
1119 COTORRO AVE
CORAL GABLES, FL 33146**

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 fee if applicable.

DATE

9. Capital Contributions
as Shown on record **\$600.00**

10. Amount of Capital Contributions
in FLORIDA to date. **\$600**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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

DOCUMENT # **P95000003276**
NAME **THE SWEETING GROUP, INC.**
STREET ADDRESS **1119 COTORRO AVE**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

100038743271
07/06/04 01032-022 **150.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 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

JERRY FLICK 6/18/04

Date

Daytime Phone #

305-962-3203

STAPLE CHECK HERE