

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 12 AM 10:38 516.25

DOCUMENT # A95000000293	
1. Entity Name EL OPTIMO LIMITED PARTNERSHIP	



Principal Place of Business % CHAPIN, ARMSTRONG & BALLERANO 1201 GEORGE BUSH BOULEVARD DELRAY BEACH, FL 33483	Mailing Address % CHAPIN, ARMSTRONG & BALLERANO 1201 GEORGE BUSH BOULEVARD DELRAY BEACH, FL 33483
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2. Principal Place of Business % David G. Armstrong Suite, Apt. #, etc. 4600 N. Ocean Blvd., #206 City & State Boynton Beach, FL Zip 33435 Country USA		3. Mailing Address % David G. Armstrong Suite, Apt. #, etc. 4600 N. Ocean Blvd., #206 City & State Boynton Beach, FL Zip 33435 Country USA	
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01222004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3375210		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent A.C.S. HAGEN, INC. 1201 GEORGE BUSH BOULEVARD DELRAY BEACH, FL 33483		7. Name and Address of New Registered Agent Name A.C.S. Hagen, Inc. Street Address (P.O. Box Number is Not Acceptable) 4600 N. Ocean Blvd., #206 City Boynton Beach, FL Zip Code 33435	
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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 Carol G. Armstrong DATE _____

9. Capital Contributions as Shown on record. \$396,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	P95000006910 A.C.S. HAGEN, INC. 1201 GEORGE BUSH BOULEVARD DELRAY BEACH, FL 33483	STREET ADDRESS CITY-ST-ZIP	4600 N. Ocean Blvd., #206 Boynton Beach, FL 33435
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STAPLE CHECK HERE

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 Spencer Young, Pres, ACS Hagen, Inc. Date 4/5/04 Daytime Phone # 561-276 1008