

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN -8 AM 10:11

DOCUMENT # A95000000448

1. Entity Name
FOUR PARTNERS GROUP LIMITED PARTNERSHIP



Principal Place of Business
% A.C.S. HAGEN, INC.
4600 N. OCEAN BLVD., #206
BOYNTON BEACH, FL 33435

Mailing Address
% A.C.S. HAGEN, INC.
4600 N. OCEAN BLVD., #206
BOYNTON BEACH, FL 33435

05/02/05 90428 027 #526.25



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005

Chg-LP

CR2E003 (10/03)

4. FEI Number
59-3375209

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

A.C.S. HAGEN, INC.
% DAVID G. ARMSTRONG
4600 N. OCEAN BLVD., #206
BOYNTON BEACH, FL 33435

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. \$1,156,319.00

10. Amount of Capital Contributions
in FLORIDA to date.

4/27/05

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 # P95000006910
NAME A.C.S. HAGEN, INC.
STREET ADDRESS 4600 N. OCEAN BEACH BLVD., #206
CITY-STATE-ZIP BOYNTON BEACH, FL 33435

STREET ADDRESS

CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-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.

BY: LYNN S. YOUSE, PRESIDENT, A.C.S. HAGEN, INC.

SIGNATURE:

Lynn S. Youse, Pres. A.C.S. Hagen, Inc. 4/27/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

STAPLE CHECK HERE