

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVE
AND
FILED

04 APR -2 PM 4: 37

DOCUMENT # A95000000861

1. Entity Name
DALTON CENTRE, LTD.



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **2328 GINGER TERRACE
JENSEN BEACH, FL 34957**

Mailing Address: **2328 GINGER TERRACE
JENSEN BEACH, FL 34957**



2. Principal Place of Business

3. Mailing Address

1572 S. Niemeyer Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242004 Chg-LP CR2E003 (10/03)

City & State

City & State
Port St. Lucie, FL

4. FEI Number
65-0118879

Applied For
Not Applicable

Zip

Country

Zip

Country

34952

St. Lucie

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

**FEDERGREEN, WARREN
2328 GINGER TERRACE
JENSEN BEACH, FL 34957**

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: **\$195,000.00**

10. Amount of Capital Contributions
in FLORIDA to date: --

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 **FEDERGREEN, WARREN**
STREET ADDRESS **2328 GINGER TERRACE**
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

STREET ADDRESS

600032836156

CITY-ST-ZIP

04/15/04--01018--013 **526.25

DOCUMENT #
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE