

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A95000001489**

**1. Entity Name**  
**MONTGOMERY CIRCLE WAREHOUSE PROPERTY, LTD.**



**Principal Place of Business**  
**6730 EPPING FORST WAY, N. #107**  
**JACKSONVILLE, FL 32217**

**Mailing Address**  
**6730 EPPING FORST WAY, N. #107**  
**JACKSONVILLE, FL 32217**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004

Chg-LP

CR2E003 (10/03)

**4. FEI Number**

**59-3339840**

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**

**POLLAK, LEWIS B SR.**  
**6730 EPPING FOREST WAY, N. #107**  
**JACKSONVILLE, FL 32217**

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.**

**\$2,280,000.00**

**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 #** P95000075958  
**NAME** LBP WAREHOUSE MANAGEMENT, INC.  
**STREET ADDRESS** 6730 EPPING FORST WAY, N. #107  
**CITY-ST-ZIP** JACKSONVILLE, FL 32217

STREET ADDRESS

CITY-ST-ZIP

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

STREET ADDRESS

CITY-ST-ZIP

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

STREET ADDRESS

CITY-ST-ZIP

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

STREET ADDRESS

CITY-ST-ZIP

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

STREET ADDRESS

CITY-ST-ZIP

**DOCUMENT #**  
**NAME**  
**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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:**

*Lewis B. Pollak*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER'S GENERAL PARTNER

*4/2/04*

Date

Daytime Phone #

STAPLE CHECK HERE