

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**FILED**

04 OCT 25 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*MJM*



07212004 Chg-LP CR2E003 (10/03)

10/25

DOCUMENT # A95000001623			
1. Entity Name AKRA INVESTMENTS, LTD.			
Principal Place of Business 3025 HENDRICKS AVE. JACKSONVILLE, FL 32207		Mailing Address P.O. BOX 5513 JACKSONVILLE, FL 32247	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number  
59-3347291

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	
CRAWFORD, JOHN R 225 WATER STREET JACKSONVILLE, FL 32202 32207		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
1200 Riverplace Blvd, Suite 800			

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. \$819,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	AKRA, VINCENT D JR.		
	3025 HENDRICKS AVE.	CITY-ST-ZIP	
	JACKSONVILLE, FL 32207		
DOCUMENT #	NAME	STREET ADDRESS	
	WEINTHALER, MARY A		
	3025 HENDRICKS AVE.	CITY-ST-ZIP	
	JACKSONVILLE, FL 32207		
DOCUMENT #	NAME	STREET ADDRESS	
DOCUMENT #	NAME	STREET ADDRESS	
DOCUMENT #	NAME	STREET ADDRESS	
DOCUMENT #	NAME	STREET ADDRESS	
DOCUMENT #	NAME	STREET ADDRESS	

**REINSTATEMENT**

*W/o penalty*

300042046003  
11/17/04--01069--009 \*\*526.25

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:

*Michael D. ...*

August 7, 2004 / 904-778-4424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE