


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A95000001952 1. Entity Name DAVIE ALE HOUSE AND RAW BAR, LTD.	
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FILED

04 JUN -4 PM 3:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 612 N. ORANGE AVENUE, SUITE C-6 JUPITER, FL 33458	Mailing Address 612 N. ORANGE AVENUE, SUITE C-6 JUPITER, FL 33458
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2. Principal Place of Business 2080 S. University Drive Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	City & State Davie Florida Zip Country 33324 US
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04132004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0619456	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLER, JOHN W 612 N. ORANGE AVENUE, SUITE C-6 JUPITER, FL 33458	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$400,000.00	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 #	P94000069803	STREET ADDRESS	
NAME	DAVIE ALE HOUSE AND RAW BAR, INC.	CITY-ST-ZIP	
STREET ADDRESS	612 N. ORANGE AVE., SUITE C-6		
CITY-ST-ZIP	JUPITER, FL 33458		
DOCUMENT #		STREET ADDRESS	400038549954
NAME		CITY-ST-ZIP	07/01/04--01038--007 **150.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400038549954
NAME		CITY-ST-ZIP	07/01/04--01038--008 **376.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/21/04

Date

561-743-2299

Daytime Phone #

STAPLE CHECK HERE