

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 04 JUN 10 PM 3:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A95000001991

1. Entity Name
PETERSON EQUITIES, LTD.



Principal Place of Business
 712 US HWY ONE
 SUITE 301-33
 NORTH PALM BEACH, FL 33408

Mailing Address
 P.O. BOX 13139 712 U.S. HWY ONE, SUITE 301-33
 NORTH PALM BEACH, FL 33408



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. - FEI Number
 65-0629404

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

PETERSON, ROSLYN E
 5380 NORTH OCEAN DRIVE, APT 4-D
 RIVIERA BEACH, FL 33404-2538

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, full or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$2,000,000.00

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 # P94000087254
 NAME PAVILION OFFICE CENTER, INC.
 STREET ADDRESS 5380 N. OCEAN DR., APT 4D
 CITY-ST-ZIP RIVIERA BEACH, FL 334042538

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Roslyn E. Peterson
 PETERSON, ROSLYN E.

6/8/04
 Date

561
 848-1128
 Daytime Phone #

STAPLE CHECK HERE