


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

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000000195**

1. Entity Name  
**KATANA LIMITED PARTNERSHIP**



Principal Place of Business  
P.O. BOX 353730  
PALM COAST, FL 32135

Mailing Address  
P.O. BOX 353730  
PALM COAST, FL 32135



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03232004 Chg-LP CR2E003 (10/03)

City & State  
City & State

4. FEI Number  
**59-3361781**

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**

**ECKER, EDWARD**  
**115 ANCHORAGE DR.**  
**FLAGLER BEACH, FL 32136**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$1,000.00**

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 #	ECKER, EDWARD	STREET ADDRESS	
NAME	P.O. BOX 353730 N/A	CITY-ST-ZIP	
STREET ADDRESS	PALM COAST, FL 32135		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	U00000104306
NAME		CITY-ST-ZIP	04/06/04 88884 817 141.25
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Edward Ecker* **3/23/04** **3864392776**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #