

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

FILED

2004 APR 22 PM 3: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A96000000211**

1. Entity Name  
**BUTTONWOOD PLAZA, LTD.**



Principal Place of Business  
1645 S.E. 3RD COURT  
SUITE 200  
DEERFIELD BEACH, FL 33441

Mailing Address  
1645 S.E. 3RD COURT  
SUITE 200  
DEERFIELD BEACH, FL 33441



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004

Chg-LP

CR2E003 (10/03)

4. FEI Number  
**65-0642903**

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

**GEISERMAN, ROBERT M**  
**1645 S.E. 3RD COURT**  
**SUITE 200**  
**DEERFIELD BEACH, FL 33441**

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. **\$20,000.00**

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 # **P96000009248**  
NAME **G.P. BUTTONWOOD, INC.**  
STREET ADDRESS **1645 S.E. 3RD COURT STE 200**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

STREET ADDRESS

CITY-ST-ZIP

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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

Date

Daytime Phone #

*Robert M Geiserman* 3-4-04 954-420-109

STAPLE CHECK HERE