


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 11, 2004 08:00 AM
Secretary of State

| | | | | | |
|--|--|---------|---|---|--|
| DOCUMENT # A96000000348 1. Entity Name RAPP FAMILY PARTNERSHIP, LTD. | | | |  | |
| Principal Place of Business 118 NORTH WYMORE ROAD WINTER PARK, FL 32789 | | | Mailing Address 118 NORTH WYMORE ROAD WINTER PARK, FL 32789 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 01262004 Chg-LP CR2E003 (10/03) | |
| 4. FEI Number 59-2167257 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LEFKOWITZ, IVAN M ESQUIRE 430 NORTH MILLS AVENUE ORLANDO, FL 32803 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$1,256,464.00 | | | 10. Amount of Capital Contributions in FLORIDA to date. \$1,256,464.00 | | |
| 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 # P95000095590 NAME HARA MANAGEMENT, INC. STREET ADDRESS 118 N. WYMORE ROAD CITY-ST-ZIP WINTER PARK, FL 32789 | | | STREET ADDRESS CITY-ST-ZIP | | |
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| 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: <i>[Signature]</i> Partner | | | 1/30/04 4076281086 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | | | |

STAPLE CHECK HERE