

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

**FILED**

04 APR 20 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03102004 Chg-LP CR2E003 (10/03)

4. FEI Number  
65-0668814

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FRICKE, HENRY A ESQUIRE  
101 PINEAPPLE GROVE WAY  
DELRAY BEACH, FL 33444

**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

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

DATE

9. Capital Contributions  
as Shown on record, \$10,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$10,000.00

**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 # P96000016341  
NAME ROCKLEDGE PROPERTY MANAGEMENT, INC.  
STREET ADDRESS 101 PINEAPPLE GROVE WAY  
CITY-ST-ZIP DELRAY BEACH, FL 33444

STREET ADDRESS

CITY-ST-ZIP

900035820059

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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

ROCKLEDGE PROPERTY MANAGEMENT, INC., a Florida corporation

SIGNATURE:

By:

Anthony V. Pugliese, III

3-15-04

561-330-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE