

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000616

1. Entity Name
THEATRE ASSOCIATES, LTD.



Principal Place of Business
240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236

Mailing Address
1991 MAIN STREET, #183
SARASOTA, FL 34236



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202004 Chg-LP CR2E003 (10/03)

4. FEI Number

65-0661821

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

BAND, STEVEN C
EXECUTIVE PROPERTY MANAGEMENT
1991 MAIN STREET #183
SARASOTA, FL 34236

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 State if applicable

DATE

9. Capital Contributions
 as Shown on record. **\$8,000,000.00**

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

DOCUMENT # **P96000008824**
 NAME **BAK, INC.**
 STREET ADDRESS **1991 MAIN STREET #183**
 CITY-STATE-ZIP **SARASOTA, FL 34236**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

U000000114922

04/16/04-80003-016 526.25

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

David S. Band, Director of
BAK, Inc., Gen Part

3/11/04

941-366-6660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE