

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 23 AM 8:37

DOCUMENT # A96000000936

1. Entity Name
JULIAN'S 4 LIMITED PARTNERSHIP



Principal Place of Business
8220 STATE RD 84 #200
DAVIE, FL 33324

Mailing Address
8220 STATE RD 84 #200
DAVIE, FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. **7320 GRIFFIN ROAD
SUITE 203**
City & State
DAVIE, FL 33314

Suite, Apt. **7320 GRIFFIN ROAD
SUITE 203**
City & State
DAVIE, FL 33314

01032005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0644606

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

BARR, DANIEL A
8220 STATE ROAD 84
DAVIE, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**7320 GRIFFIN ROAD
SUITE 203**
City **DAVIE, FL 33314 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. \$600,000.00

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 # P95000097940
NAME WAAS, INC.
STREET ADDRESS 8220 STATE ROAD 84, SUITE 200
CITY-ST-ZIP DAVIE, FL 33324

13. ADDRESS CHANGES ONLY

STREET ADDRESS **7320 GRIFFIN ROAD**
CITY-ST-ZIP **SUITE 203
DAVIE, FL 33314**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

AS PRESIDENT OF CORPORATE
GENERAL PARTNER X 2/14/05 845-651-1550
Y. 22 25

STAPLE CHECK HERE