

LIMITED PARTNERSHIP  
ANNUAL REPORT

2000



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 17 PM 1:25

1. Name of Limited Partnership  
2104 LTD

1a. DOCUMENT #  
A96000000966

Mailing Address  
2210 SW 5TH AVE  
HOLLYWOOD FL 33023

Principal Office Address  
2210 SW 5TH AVE  
HOLLYWOOD FL 33023

3. Date Formed or Registered  
5-24-96

5a. Capital Contributions as  
Shown on record.  
200000.00

3a. Date of 1st Report  
1-22-99

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

2. Mailing Address  
15833 WESTWIND CIR  
Suite, Apt. #, etc.

2a. Principal Office Address  
15833 WESTWIND CIR  
Suite, Apt. #, etc.

4. State or Country of Formation  
FL

6. FEI Number

65-0666345

☐ Applied For  
☐ Not Applicable

City & State  
SUNRISE FL  
Zip 33326 Country US

City & State  
SUNRISE FL  
Zip 33326 Country US

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

BENDER, HAROLD K.  
5915 PONCE DE LEON BLVD STE 60  
CORAL GABLES

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

DANFRAN REALTY

15833 WESTWIND CIR

SUNRISE FL 33326

P96000036586

000003334358-2  
-07/25/00-01050-003  
\*\*\*926.25 \*\*\*926.25

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

FRANK CASAGRANDE

Daytime Telephone Number

954-384-1671