## **FILED** 2006 LIMITED PARTNERSHIP ANNUAL REPORT Jul 27, 2006 08:00 AM Due By May 1, 2006 DOCUMENT # A96000000966 **Secretary of State** 1. Entity Name 2104, LTD. Principal Place of Business Mailing Address 15933 WESTWIND CIRCLE 15833 WESTWIND CIRCLE SUNRISE, FL 33326 SUNRISE, FL 33326 04082006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-0666345 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BENDER, HARRY K DO NOT WRITE 5915 PONCE DE LEON BLVD., SUITE 60 CORAL GABLES, FL 33146 IN THIS SPACE 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 SIGNATŪRE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE 18 \$500.00 After May 1, 2006, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. DOCIJMENT # P96000036586 NAME DANFRAN REALTY, INC. STREET ADDRESS 15833 WESTWIND CIRCLE CITY-ST-ZIP SUNRISE, FL 33326 DOCUMENT # 07/27/05-80001-011 908.75 NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP DOSTIMENT # NA⊮E STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

14 I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: .

STREET ADDRESS CIT# ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

73/06 954384167 Date Daytime Proce •