

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A96000001043

1. Entity Name

ARENA OPERATING COMPANY, LTD.



APPROVED
AND
FILED

04 MAY -4 PM 5:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**ONE PANTHER PARKWAY
SUNRISE FL 33323**

Mailing Address

**ONE PANTHER PARKWAY
SUNRISE FL 33323**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0683996

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

**DUFFY, WILLIAM T.
ONE PANTHER PARKWAY
SUNRISE FL 33323**

Name

Charles E. Wildermuth

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

13800 N.W. 2nd Street

Suite 190

City

Sunrise

FL

Zip Code
33325

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

Charles E. Wildermuth

4/27/04

DATE

9. Capital Contributions
as Shown on record.

\$500.00

10. Amount of Capital Contributions
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL DEPT OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

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 # **L01000010546**
NAME **PHGP LLC**
STREET ADDRESS **ONE PANTHER PARKWAY**
CITY-ST-ZIP **SUNRISE FL 33323**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**300036548913
05/18/04--01048--013 **150.00**

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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

SIGNATURE:

Evelyn Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Evelyn Lopez, EVL/CFO & Treasurer

4/30/04

Date

954-835-7612

Daytime Phone #