2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
2004 APR 23 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000001106

1. Entity Name
THE GRIVAS FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
1965-42ND AVENUE, SUITE 7 VERO BEACH, FL 32960	~~3901 OCEAN DR.~~ ~~VERO BEACH, FL 32963-1680~~

04202004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
		1702 CLUB DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: VERO BEACH	
Zip	Country	Zip: 32963	Country

4. FEI Number: 65-0687619 ☐ 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
GRIVAS, MICHAEL TRUSTEE 1965-42ND AVENUE, SUITE 7 VERO BEACH, FL 32960	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. $450,010.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	GRIVAS, MICHAEL TRUSEE		
STREET ADDRESS	1965-42ND AVENUE, SUITE 7	CITY-ST-ZIP	300036057033 05/11/04--01041--003 **526.25
CITY-ST-ZIP	VERO BEACH, FL 32960		
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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: Michael Grivas MICHAEL GRIVAS 4/20/04 772 567 5993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

MICHAEL GRIVAS