

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**DOCUMENT # A96000001393**

1. Entity Name  
**SPACE PLUS AT 17TH STREET CAUSEWAY, LTD.**



Principal Place of Business  
**1850 MIAMI ROAD  
 FORT LAUDERDALE, FL 33316**

Mailing Address  
**1850 MIAMI ROAD  
 FORT LAUDERDALE, FL 33316**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06302004

Chg-LP

CR2E003 (10/03)

4. FEI Number  
**65-0681227**

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

**CHANEY, MARTIN T  
 1850 MIAMI ROAD  
 FORT LAUDERDALE, FL 33316**

Name  
**CHANEY, CONNIE**  
 Street Address (P.O. Box Number is Not Acceptable)

**1850 MIAMI ROAD**

City  
**FT. LAUDERDALE**

**FL**

Zip Code  
**33316**

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 *Connie Chaney* **CONNIE CHANEY**

**6/30/04**  
 DATE

9. Capital Contributions  
 as Shown on record **\$250,000.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,  
 the limited partnership did not receive the  
 prior notice.

**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 # **P96000061892**  
 NAME **SPACE PLUS AT 17TH STREET AND MIAMI RD, INC**  
 STREET ADDRESS **1850 MIAMI ROAD**  
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **500039337495**  
 CITY-ST-ZIP **07/20/04 01032 002 \*\*526-25**

DOCUMENT #  
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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: *Connie Chaney* **CONNIE CHANEY**

Date

Daytime Phone #

**6/30/04 (954) 523-8900**

STAPLE CHECK HERE

**FILED**  
**04 JUL -6 PM 1:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

