

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000001468

1. Entity Name
MDN WHARFSIDE, LTD.



Principal Place of Business
**6909 SW 18TH STREET
SUITE A111 WHARFSIDE AT BOCA RATON
BOCA RATON, FL 33433**

Mailing Address
**6909 SW 18TH STREET
SUITE A111 WHARFSIDE AT BOCA RATON
BOCA RATON, FL 33433**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082003 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0694984

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NAVILIO, DAN
6909 SW 18 ST
BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$3,375,900.00

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 # **P96000065415**
NAME **FRANDA PROPERTIES, INC.**
STREET ADDRESS **1111 LINCOLN ROAD MALL, SUITE 500**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

STREET ADDRESS
CITY-ST-ZIP

U00000161672
05/27/04-80005-012 526.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE