

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

DOCUMENT # A96000001632

1. Entity Name

NCS PARTNERS LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 19 PM 2:14

Principal Place of Business

2826 E. OAKLAND PARK BLVD., #300
FT. LAUDERDALE FL 33306

Mailing Address

2826 E. OAKLAND PARK BLVD., #300
FT. LAUDERDALE FL 33306

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

65-0700539

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

ROJAS, MARCO A
2826 E. OAKLAND PARK BLVD., #300
FT. LAUDERDALE FL 33306

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.

\$108,900.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$108,900

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

DOCUMENT # P95000067856
NAME COLD STORAGE HOLDINGS, INC.
STREET ADDRESS 2826 E. OAKLAND PARK BLVD., #300
CITY-ST-ZIP FT. LAUDERDALE FL 33306

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000035819230
05/10/04--01067--021 **526.25

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:

David R. Burke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-13-04

954-564-1928

STAPLE CHECK HERE