

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 20 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03042004 Chg-LP CR2E003 (10/03)

4. FEI Number **65-0743367** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAMILLO, JOHN M
1600 WEST COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33309

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: **\$9,900.00**

10. Amount of Capital Contributions in FLORIDA to date: **\$9,900**

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 # **P95000039367**
NAME **PREPARATORY SCHOOLS MANAGEMENT, INC.**
STREET ADDRESS **1600 WEST COMMERCIAL BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP **200035819962**
05/10/04 01071 003 **158.75

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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 #

[Signature] **B. J. Spence** **4/1/04** **454 493 6565**

STAPLE CHECK HERE