


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000002369		
1. Entity Name ANITAGAYLE LIMITED PARTNERSHIP		

Principal Place of Business 7063 VALENCIA DRIVE BOCA RATON, FL 33433	Mailing Address 7063 VALENCIA DRIVE BOCA RATON, FL 33433
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc.	Suite, Apt #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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6. Name and Address of Current Registered Agent	
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CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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7. Name and Address of New Registered Agent	
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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	
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SIGNATURE	DATE
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9. Capital Contributions as Shown on record \$1,584,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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.	
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12. GENERAL PARTNER INFORMATION	
DOCUMENT #	F96000006629
NAME	DEER HILL CORP.
STREET ADDRESS	302 KNICKERBOCKER ROAD, P.O. BOX 0
CITY-ST-ZIP	CRESSKILL, NJ 07626

13. ADDRESS CHANGES ONLY	
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)(j), 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	
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15. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	
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16. DATE	
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17. DAYTIME PHONE #	
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18. SIGNATURE	
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19. DATE	
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20. DAYTIME PHONE #	
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01262004 Chg-LP CR2E003 (10/03)

4. FEI Number 22-3481069

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

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 DATE

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16. DATE	
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17. DAYTIME PHONE #	
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18. SIGNATURE	
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19. DATE	
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20. DAYTIME PHONE #	
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STAPLE CHECK HERE

SIGNATURE: Albert Awad

02/18/04