

2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

FILED

04 MAY 17 PM 1:32

STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A97000000241

1. Entity Name
BLACK BOX PARTNERS, LTD.



Principal Place of Business
1951 NW 19TH ST., STE. 100
BOCA RATON, FL 33431

Mailing Address
1951 NW 19TH ST., STE. 100
BOCA RATON, FL 33431

2. Principal Place of Business
5200 Town Center Circle
Suite, Apt. #, etc.
306

3. Mailing Address
5200 Town Center Circle
Suite, Apt. #, etc.
306

City & State
Boca Raton FL
Zip 33486 Country USA

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Boca Raton FL
Zip 33486 Country USA

04082004 Chg-LP CR2E003 (10/03) 5/17

4. FEI Number
65-0723243
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FINE, NORMAN D
1951 NW 19TH ST., STE. 100
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5200 Town Center Circle Suite 306
City Boca Raton FL Zip Code 33486

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

NORMAN D. FINE
DATE 4/27/04

9. Capital Contributions
as Shown on record. \$325,000.00

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

DOCUMENT # P97000002594
NAME SOUTHCAP VENTURES, INC.
STREET ADDRESS 1951 NW 19TH ST., STE. 100
CITY-ST-ZIP BOCA RATON, FL 33431

13. ADDRESS CHANGES ONLY

STREET ADDRESS 5200 Town Center Circle
CITY-ST-ZIP Boca Raton, FL 33486

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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

Norman D. Fine Pres Southcap Ventures
General Partner

Date

4/27/04 5:17:50 PM

Daytime Phone #

STAPLE CHECK HERE