

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

DOCUMENT # A97000000277

1. Entity Name

FITZGERALD FAMILY LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 19 PH 3:19

Principal Place of Business

APT. 903, CORNICHE CONDOMINIUM
5200 NORTH OCEAN DRIVE
RIVERIA BEACH FL 33404

Mailing Address

LAW OFFICES OF JOHN E. FITZGERALD
P.O. BOX 619
GLEN FALLS NY 12801-0619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E003 (11/03)

4. FEI Number

NO-T APPLICABLE

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

STOBS, DONALD W JR ESQ
581 NORTHEAST 91 STREET
MIAMI SHORES FL 33138

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.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
FITZGERALD, JOHN E
58 BLIND ROCK RD
QUEENSBURY NY 12804

STREET ADDRESS
CITY-ST-ZIP
APT. 903
5200 NORTH OCEAN DR.
SINGER ISLAND, FLA. 33404

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
FITZGERALD, VIRGINIA Z
58 BLIND ROCK RD
QUEENSBURY NY 12804

STREET ADDRESS
CITY-ST-ZIP
APT. 903
5200 NORTH OCEAN DR.
SINGER ISLAND, FLA. 33404

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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)(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

JOHN E. FITZGERALD 2/15/04

Date

Daytime Phone #

761-345-2136

STAPLE CHECK HERE