

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01122004 Chg-LP CR2E003 (10/03)

DOCUMENT # A97000000398				
1. Entity Name SUPERIOR TEXAS ASSETS, LTD.				
Principal Place of Business 745 US HIGHWAY ONE, SUITE 209 NORTH PALM BEACH, FL 33408		Mailing Address 745 US HIGHWAY ONE, SUITE 209 NORTH PALM BEACH, FL 33408		
2. Principal Place of Business 8191 CYPRESS POINT RD.		3. Mailing Address 8191 CYPRESS POINT RD.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		
Zip 33412	Country U.S.A.	Zip 33412	Country U.S.A.	
4. FEI Number 65-0776745		Applied For Not Applicable		
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HEITMEYER, RICHARD 745 US HIGHWAY ONE, SUITE 209 NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8191 CYPRESS POINT RD. City WEST PALM BEACH FL Zip Code 33412		
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 _____ Signature, typed or printed name of registered agent and file if applicable.				
9. Capital Contributions as Shown on record. \$40,000.00		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		13. ADDRESS CHANGES ONLY		
DOCUMENT #	P96000012794	STREET ADDRESS	8191 CYPRESS POINT RD.	
NAME	SUPERIOR ASSET EQUITY, INC.	CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
STREET ADDRESS	745 US HIGHWAY ONE, SUITE 209	STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	CITY-ST-ZIP		
DOCUMENT #		STREET ADDRESS		
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CITY-ST-ZIP		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: R. Heitmeier		Date 4/24/04 Daytime Phone # 561-776-1100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				

STAPLE CHECK HERE