


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000780</b> 1. Entity Name <b>SUCHMAN ASSOCIATES, LTD.</b>					
Principal Place of Business <b>5301 FOUNTAINS DRIVE SOUTH, APT. 604</b> <b>LAKE WORTH, FL 33467</b>			Mailing Address <b>5301 FOUNTAINS DRIVE SOUTH, APT. 604</b> <b>LAKE WORTH, FL 33467</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country		
6. Name and Address of Current Registered Agent  <b>SUCHMAN, RUTH</b> <b>5301 FOUNTAINS DRIVE SOUTH, APT. 604</b> <b>LAKE WORTH, FL 33467</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$1,500,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
	STREET ADDRESS				
	CITY - ST - ZIP				
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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)(f), 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					
<b>SIGNATURE:</b> <i>Ruth Suchman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date _____ Daytime Phone # _____		



02192004    Chg-LP    CR2E003 (10/03)

4. FEI Number      Applied For  
**65-0736007**      Not Applicable

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

STAPLE CHECK HERE