

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

DOCUMENT # A97000000785

1. Entity Name  
 HAZLACHA, LTD.



**FILED**

04 APR 30 PM 12:26

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
 1755 NE 164TH STREET, 2ND FL  
 ATTN: ORIT  
 NORTH MIAMI BEACH, FL 33162

Mailing Address  
 1755 NE 164TH STREET, 2ND FL  
 ATTN: ORIT  
 NORTH MIAMI BEACH, FL 33162

2. Principal Place of Business  
 3571 W. COMMERCIAL BLVD.  
 Suite, Apt. #, etc.  
 SUITE 200  
 City & State  
 FT LAUDERDALE, FLORIDA

3. Mailing Address  
 3571 W. COMMERCIAL BLVD  
 Suite, Apt. #, etc.  
 SUITE 200  
 City & State  
 FT LAUDERDALE, FLORIDA

02242004 Chg-LP CR2E003 (10/03)

4. FEI Number  
 65-0753555

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

GALBUT, HOWARD  
 999 WASHINGTON AVENUE  
 MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name  
 DINA BROWNSTEIN  
 Street Address (P.O. Box Number is Not Acceptable)  
 3571 W. COMMERCIAL BLVD.  
 SUITE 200  
 City  
 FT LAUDERDALE FL Zip Code  
 33309

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

*Dina Brownstein*

DATE

9. Capital Contributions  
 as Shown on record. \$10,000.00

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 # P97000026999  
 NAME HAZLACHA CORP.  
 STREET ADDRESS 1755 NE 164TH STREET, 2ND FL  
 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

STREET ADDRESS 3571 W. COMMERCIAL BLVD, SUITE 200  
 CITY-ST-ZIP FT. LAUDERDALE, FL 33309

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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

Date

Daytime Phone #

STAPLE CHECK HERE

158.75  
 158.75