

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A97000001067

1. Entity Name
750 BUILDING, LTD.



FILED

2004 FEB 20 PM 3:38

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



Principal Place of Business Mailing Address
1008 VENETIAN BLVD. **1008 VENETIAN BLVD.**
ISLAMORADA, FL 33036 **ISLAMORADA, FL 33036**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01082004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
65-0786883 Not Applicable

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

6. Name and Address of Current Registered Agent

750 BUILDING, INC.
1008 VENETIAN BLVD.
ISLAMORADA, FL 33036

7. Name and Address of New Registered Agent

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. **\$1,001,000.00**

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 #	P97000041520	STREET ADDRESS	000027369160
NAME	750 BUILDING, INC.	CITY-ST-ZIP	03/09/04--01026--006 **376.25
STREET ADDRESS	1008 VENETIAN BLVD.		
CITY-ST-ZIP	ISLAMORADA, FL 33036		
DOCUMENT #		STREET ADDRESS	000027369160
NAME		CITY-ST-ZIP	01/21/01--01026--006 **150.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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]* **Darryl R. Jenkins**
1-8-04 **305-664-2491**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #