

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 20 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH



03222004 Chg-LP CR2E003 (10/03) 5/20

4. FEI Number 59-3449100 Applied for Not Applicable

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

6. Name and Address of Current Registered Agent

SARCHET, CATHY
3463 HARBOR DRIVE
SPRING HILL, FL 34607

7. Name and Address of New Registered Agent

Name SARCHET, EFIGENIA
Street Address (P.O. Box Number is Not Acceptable) 911 WASHINGTON AVE - APT 219
City LARGO FL Zip Code 33770

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 Efigenia Sarchet 4-9-04 DATE

9. Capital Contributions as Shown on record. \$2,500.00 10. Amount of Capital Contributions in FLORIDA to date. 2,500.00 \$141.25

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

DOCUMENT #	
NAME	SARCHET, CATHY
STREET ADDRESS	3463 HARBOR DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34607
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	911 WASHINGTON AVE - APT 219
CITY-ST-ZIP	LARGO, FL 33770
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800035808028
CITY-ST-ZIP	05/10/04--01051--023 **150.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: Catherine Sarchet GP 4/10/04 727-585-9840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE