

2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

FILED

04 MAY 25 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01192004 Chg-LP CR2E003 (10/03)

DOCUMENT # A97000001742

1. Entity Name
QUARTIN LIMITED PARTNERSHIP



Principal Place of Business
**7000 N.W. 25TH STREET
MIAMI, FL 33122**

Mailing Address
**C/O JAY ROSSIN
2699 S. BAYSHORE DRIVE
MIAMI, FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0812982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUARTIN, STEPHEN
8980 S.W. 67TH AVENUE
MIAMI, FL 33156**

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.

\$2,900,000.00

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 #

NAME

STREET ADDRESS

CITY - ST - ZIP

**QUARTIN, EDNA TRUSTEE
2451 BRICKELL AVE. APT. 205
MIAMI, FL 33125**

STREET ADDRESS

CITY - ST - ZIP

**800037304318
05/25/04--01074--004 **52625**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**BERNSTEIN, BARBARA
413 BUTTOWOOD LANE
LARGO, FL 33770**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**QUARTIN, STEPHEN
8980 S.W. 67TH AVE.
MIAMI, FL 33156**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**QUARTIN, EDYTHE
2584 INAQUA AVE.
COCONUT GROVE, FL 33133**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**FESTINGER, JANET Q
616 SANTURCE AVE.
CORAL GABLES, FL 33143**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE