

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001820

1. Entity Name
SSC NORTH PORT, LTD.



Principal Place of Business
EXECUTIVE OFFICE
19501 BISCAYNE BLVD.
AVENTURA, FL 33180

Mailing Address
EXECUTIVE OFFICE
19501 BISCAYNE BLVD.
AVENTURA, FL 33180



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0779255

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

SOFFER, MARSHA
19501 BISCAYNE BLVD., STE. 400
AVENTURA, FL 33180

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 date if applicable

DATE

9. Capital Contributions
as Shown on record \$1,000.00

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
DOCUMENT # P97000073071
NAME SSC NORTH PORT, INC.
STREET ADDRESS EXECUTIVE OFFICE, 19501 BISCAYNE BLVD.
CITY ST ZIP AVENTURA, FL 33180

13. ADDRESS CHANGES ONLY
STREET ADDRESS
CITY ST ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY ST ZIP

STREET ADDRESS
CITY ST ZIP
NO 0000159111
05/10/04-80016-026 141.25

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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:

Ms. Soffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-28-04 305-937-6200
Date Daytime Phone #

STAPLE CHECK HERE