

# 2004 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000001872

FILED  
Jul 02, 2004  
Secretary of State

**Entity Name:** NINE CABBAGES PARTNERSHIP, LTD.

**Current Principal Place of Business:**

1417 CHISHOLM RIDGE CT.  
ST CLOUD, FL 34771

**New Principal Place of Business:**

**Current Mailing Address:**

1417 CHISHOLM RIDGE CT.  
ST CLOUD, FL 34771

**New Mailing Address:**

**FEI Number:** 59-3465862      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LEFKOWITZ, IVAN M ESQ.  
430 NORTH MILLS AVENUE  
ORLANDO, FL      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Capital Contributions as Shown on record:** 1,574,135.00

**Amount of Capital Contributions in Florida to date:** 1,022,232.00

**GENERAL PARTNER INFORMATION:**

Document #:

Name: JOHNSTON ENTERPRISES, INC.

Address: 1417 CHISHOLM RIDGE CT.

City-St-Zip: ST CLOUD, FL 34771

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHNSTON ENTERPRISES, INC.

\_\_\_\_\_ Electronic Signature of Signing General Partner

07/02/2004

\_\_\_\_\_ Date