

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 AUG -9 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000001974

1. Entity Name
MARKHAM FAMILY LIMITED PARTNERSHIP



Principal Place of Business
58 CAYUGA ROAD
SEA RANCH LAKES, FL 33308

Mailing Address
58 CAYUGA ROAD
SEA RANCH LAKES, FL 33308



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07252004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0785202

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PERLIN, BRIAN C
334 MINORCA AVENUE, #200
CORAL GABLES, FL 33134

Name **Markham, Sharon**

Street Address (P.O. Box Number is Not Acceptable)

58 Cayuga Road

City **Sea Ranch Lakes FL** Zip Code **33308**

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

Sharon R Markham

DATE

9. Capital Contributions
as Shown on record.

\$300,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 **MARKHAM, SHARON R**
STREET ADDRESS **58 CAYUGA ROAD**
CITY-ST-ZIP **SEA RANCH LAKES, FL 33308**

STREET ADDRESS
CITY-ST-ZIP **000040579980**
08/27/04--01034--008 **526.25

DOCUMENT #
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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:

Sharon R Markham

8/4/04

954-796-8560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

x25

STAPLE CHECK HERE