

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**DOCUMENT # A97000002105**

1. Entity Name

LONGBOAT KEY EQUITIES, LTD.



**FILED**

04 MAR 17 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

Principal Place of Business

1800 BEN FRANKLIN DRIVE  
SUITE B806  
SARASOTA FL 34236

Mailing Address

1800 BEN FRANKLIN DRIVE  
SUITE B806  
SARASOTA FL 34236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E003 (11/03)

3/17

4. FEI Number

65-0795262

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

SILBERSTEIN, DAVID M ESQ.  
720 SOUTH ORANGE AVENUE  
SARASOTA FL 34236

Name

MIRIAM S. FERNANDEZ

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

1800 Ben Franklin Dr Ste B-806

City

SARASOTA

FL

Zip Code

34236

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

Miriam S. Fernandez

MIRIAM S. FERNANDEZ

DATE

03-08-2004

9. Capital Contributions  
as Shown on record.

\$2,500,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$730,000.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # P97000082058  
NAME LONGBOAT KEY EQUITIES, INC.  
STREET ADDRESS 1800 BEN FRANKLIN DRIVE, SUITE B806  
CITY-ST-ZIP SARASOTA FL 34236

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

Miriam S. Fernandez

MIRIAM S. FERNANDEZ - 03/08/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE