

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

DOCUMENT # A97000002488

1. Entity Name

HYPOLUXO COVE LIMITED PARTNERSHIP



Principal Place of Business

**115 N.W. 167TH STREET, SUITE 300
NORTH MIAMI BEACH FL 33169**

Mailing Address

**115 N.W. 167TH STREET, SUITE 300
NORTH MIAMI BEACH FL 33169**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # **One SE 3rd Avenue
Suite 3100**

City & State **One SE 3rd Avenue
Suite 3100**

City & State **Miami, FL 33131**

City & State **Miami, FL 33131**

Zip

Zip

4. FEI Number

65-0794213

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

**HYPO, INC.
115 N.W. 167TH STREET, SUITE 300
NORTH MIAMI BEACH FL 33169**

Name

Street /

**One SE 3rd Avenue
Suite 3100**

City

Miami, FL 33131

ceptable)

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office c
the obligations of registered agent.

ate of Florida. I am familiar with, and accept

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$4,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

**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 # **P97000097691**
NAME **HYPO, INC.**
STREET ADDRESS **115 N.W. 167TH STREET, SUITE 300**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33169**

STREET ADDRESS **One SE 3rd Avenue**
CITY-ST-ZIP **Suite 3100
Miami, FL 33131**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

04 APR 30 PM 12:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



MOORE

CR2E003 (11/03)

STAPLE CHECK HERE

600036483386

05/14/04--01061--002 **526.25

[Handwritten signature]

[Handwritten signature: GRANT TAYLOR]

[Handwritten date: 4/27/04]

[Handwritten phone number: 305-634-1500]