

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due by May 1, 2004

DOCUMENT # A97000002551

1. Entity Name
HAUFLER BROTHERS, LTD.



FILED

04 MAY 18 PM 1:34

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

MJH

Principal Place of Business
 3700 N.W. 91ST STREET, A-100
 GAINESVILLE, FL 32606

Mailing Address
 3700 N.W. 91ST STREET, A-100
 GAINESVILLE, FL 32606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112004

Chg-LP

CR2E003 (10/03)

5/18

4. FEI Number
 59-1246941

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

HAUFLER, EUGENE B
 3700 N.W. 91ST STREET, A-100
 GAINESVILLE, FL 32606

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 title, if applicable.

DATE

9. Capital Contributions
 as Shown on record: **\$5,000,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P95000074667**
 NAME **THIRTY-NINTH AVENUE, INC.**
 STREET ADDRESS **3700 N.W. 91ST STREET, A-100**
 CITY-ST-ZIP **GAINESVILLE, FL 32606**

STREET ADDRESS

CITY-ST-ZIP

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:

Eugene B. Haufler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-20-04 352-376-3336
 Date Daytime Phone #

STAPLE CHECK HERE