

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002715		
1. Entity Name IRELAND CHARLESTON, LTD.		

Principal Place of Business 12000 BISCAYNE BLVD., PH810 MIAMI, FL 33181	Mailing Address 12000 BISCAYNE BLVD., PH810 MIAMI, FL 33181
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02052004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0811488	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
IRELAND, R. SCOTT 12000 BISCAYNE BLVD., PH810 MIAMI, FL 33181	

7. Name and Address of New Registered Agent	
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 _____ DATE _____

9. Capital Contributions as Shown on record. \$990.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P97000093913	STREET ADDRESS	
NAME	IRELAND CHARLESTON, INC.	CITY ST ZIP	
STREET ADDRESS	12000 BISCAYNE BLVD., PH810		
CITY ST ZIP	MIAMI, FL 33181		
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
STREET ADDRESS			
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CITY ST ZIP			

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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 included 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: Lou Ireland **LOU IRELAND** 4-12-04 305-891-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER