

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A97000002726**

1. Entity Name  
**P P Z, LTD.**



Principal Place of Business  
**324 ROYAL PALM WAY, STE. 231  
 PALM BEACH, FL 33480**

Mailing Address  
**PO BOX 2771  
 PALM BEACH, FL 33480**

**FILED**

**04 APR 29 PM 12:54**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**65-0808539**

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

**HAISFIELD, MARC  
 324 ROYAL PALM WAY, STE. 231  
 PALM BEACH, FL 33480**

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

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

DATE

9. Capital Contributions  
 as Shown on record. **\$2,000.00**

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 # **P97000105307**  
 NAME **SE FLORIDA PROPERTIES, INC.**  
 STREET ADDRESS **324 ROYAL PALM WAY, STE. 231**  
 CITY-ST-ZIP **PALM BEACH, FL 33480**

STREET ADDRESS

CITY-ST-ZIP

**900035840019**  
**05/10/04 01125 003 \*\*291.25**

DOCUMENT #  
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 STREET ADDRESS  
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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:**

*Marc Haisfield* **Marc Haisfield Partner**

**4/27/04 5616552829**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE