

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 FEB -6 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072004 Chg-LP CR2E003 (10/03) 2/6

4. FEI Number **59-3483953** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DOCUMENT # A97000002783

1. Entity Name
PBP PARTNERS, LTD.

Principal Place of Business
**5551 RIDGEWOOD DRIVE, SUITE 203
NAPLES, FL 34108**

Mailing Address
**5551 RIDGEWOOD DRIVE, SUITE 203
NAPLES, FL 34108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ATHAN, G. HELEN ESQ.
5551 RIDGEWOOD DRIVE, SUITE 203
NAPLES, FL 34108**

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.

300028314743
02/06/04--01006--009 **1401.25
DATE

9. Capital Contributions as Shown on record. **\$50,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **0**

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 # **P97000105983**
NAME **SIGPOINTE, INC.**
STREET ADDRESS **5551 RIDGEWOOD DRIVE, SUITE 203**
CITY-ST-ZIP **NAPLES, FL 34108**

STREET ADDRESS

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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

1/14/04

Date

Daytime Phone #

239 566 2800