

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 19 PM 2:12

DOCUMENT # A98000000010 1. Entity Name PENTEL FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 682 BAYSHORE DRIVE DESTIN, FL 32550		Mailing Address 682 BAYSHORE DRIVE DESTIN, FL 32550			
2. Principal Place of Business 58 Lake Pointe Dr. Suite, Apt. #, etc.		3. Mailing Address 58 Lake Pointe Dr. Suite, Apt. #, etc.			
City & State Seagrave Bch. FL		City & State Seagrave Bch. FL		4. FEI Number 59-3546819	
Zip 32459		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENTEL, LAURANCE F 682 BAYSHORE DRIVE DESTIN, FL 32541				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 58 Lake Pointe Dr. City Seagrave Bch. FL Zip Code 32459	
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 LAURANCE F. Pentel DATE 3-17-04 <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$3,000.00				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 # L01000005513 NAME PENTEL L.L.C. STREET ADDRESS 682 BAYSORE DRIVE CITY-ST-ZIP DESTIN, FL 32550				STREET ADDRESS 58 Lake Pointe Dr. CITY-ST-ZIP Seagrave Bch. FL 32459	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				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; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

STAPLE CHECK HERE