

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000000269



1. Entity Name
LDF REAL PROPERTY INVESTMENTS, LTD.

Principal Place of Business
637 DESTACADA AVENUE
CORAL GABLES, FL 33156

Mailing Address
637 DESTACADA AVENUE
CORAL GABLES, FL 33156



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222004

Chg-LP

CR2E003 (10/03)

4. FEI Number

65-0822225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, DAVID A
637 DESTACADA AVENUE
CORAL GABLES, FL 33156

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

David A. Friedman
 Signature must be a written name. Registered agent and title if applicable.

4-20-04
 DATE

9. Capital Contributions
 as Shown on record

\$500.00

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

DOCUMENT # **P98000008930**
 NAME **LDF REAL PROPERTY INVESTMENTS, INC.**
 STREET ADDRESS **637 DESTACADA AVENUE**
 CITY-STATE-ZIP **CORAL GABLES, FL 331565413**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-STATE-ZIP

000000157044
05/06/04-80010-015 141.25

STREET ADDRESS

CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-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:

David A. Friedman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-19-04

Date

305-987-9815

Daytime Phone #

STAPLE CHECK HERE