## **2004 LIMITED PARTNERSHIP ANNUAL REPORT** Due By September 8, 2004

Due By September 8, 2004							FILED				
DOCUMENT # A9800000440  1. Entity Name GARVETT HOLDINGS, LTD.							04 JUL 26 AM 10: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 1110 BRICKELL AVENUE, PH-1 MIAMI, FL 33131			Mailing Address 1110 BRICKELL AVENUE, PH-1 MIAMI, FL 33131								
2. Principal Place of Business			3. Mailing Address .								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				07162004	Chg-LP	CR2E003	(10/03)	
City & State			City & State			7 - 00 Mg H. 4. 44 - 44 -	l <del>                               </del>		Applied For Not Applicable		
Zip	ii  	Country	Z	'ip	Count	try	5. Certificate of	f Status Desired		.75 Additional Required	
6. Name and Address of Current Registered Agent						Name	7. Name and Address of New Registered Agent				
GARVETT, FREDRIC M 1110 BRICKELL AVENUE, PH 1 MIAMI, FL 33131						Street Address (	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. \$1,000,000.00 10. Amount of Capital Contributions in FLORIDA to date.						outions	,		,		
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.										er.	
12. GENERAL PARTNER INFORMATION  DOCUMENT #								ADDRESS CHA	NGES ONLY		
NAME STREET ADDRESS	GARVETT, FRED M				STRE	ET ADDRESS					
CITY-ST-ZIP	The British and the British an				CITY-	-ST-ZIP	500039950705				
DOCUMENT # NAME						et address	500039950705 08/06/0401047016 **550.00				
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP		*			
DOCUMENT # NAME	d U					ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					CITY-	-ST-ZIP			4		
DOCUMENT <b>≱</b> NAME		· . <del>-</del>		•	STRE	ET ADDRESS			,	<u>.</u>	
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP					
DOCUMENT # NAME	Ÿ.	•			STRE	ET ADDRESS		•			
STREET ADDRESS CITY-ST-ZIP					CITY-	-SI-ZIP				,	
DOCUMENT # NAME					STREE	ET ADDRESS			•	,	
STREET ADDRESS City st-zip	:				CITY-	-ST-ZIP				***************************************	
	certify that th	ne information supplied with	this fill	ing does not qualify for	the exer	mption stated in Se	ection 119.07(3)(i)	Florida Statutes. I	further certify	that the information	