

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A98000000466

1. Entity Name

RASHKIN FAMILY LIMITED PARTNERSHIP II



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB -9 PM 1:51

Principal Place of Business

4730 NORTH HABANA AVENUE, SUITE 303
TAMPA FL 33614

Mailing Address

P.O. BOX 15837
TAMPA FL 33684-5837

2. Principal Place of Business

2727 W HLK Blvd S90

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

590

City & State

Tampa FL

City & State

Zip

Country

U.S.A.

Country

4. FEI Number

59-3258482

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RASHKIN, JOSEPH C
4730 NORTH HABANA AVENUE, SUITE 303
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

Rashkin, Joseph C
Street Address (P.O. Box Number is Not Acceptable)

2727 W HLK S90 S90

City

Tampa

FL

Zip Code

33687

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.

\$184,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
RASHKIN, JOSEPH C
4730 NORTH HABANA AVENUE, SUITE 303
TAMPA FL 33614

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 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

Date

Daytime Phone #