

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000001387

1. Entity Name
ISLAND HOUSE RESTAURANT LIMITED PARTNERSHIP



Principal Place of Business
**975 RABBIT ROAD
SANIBEL ISLAND, FL 33957**

Mailing Address
**P.O. BOX 167
SANIBEL, FL 33957-0167**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0840438

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRITY, MARTIN J
1263 ISABEL DRIVE
SANIBEL ISLAND, FL 33957**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record **\$300,000.00**

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 # **P37869**
NAME **HARRITY FAMILY CORPORATION**
STREET ADDRESS **1263 ISABEL DRIVE**
CITY-ST-ZIP **SANIBEL ISLAND, FL 33957**

STREET ADDRESS

CITY-ST-ZIP

**UD00000120177
04/20/04-80008-020 526.25**

DOCUMENT #
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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)(f), 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 600, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-8-04

239-492-8911

STAPLE CHECK HERE