

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A98000001931

1. Entity Name

PETROZONE OF CORAL SPRINGS LTD.



FILED

2005 APR -8 PM 2: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

9605 WESTVIEW DRIVE
CORAL SPRINGS FL 33076

Mailing Address

9000 SHERIDAN STREET
SUITE 132
PEMBROKE PINES FL 33024

2. Principal Place of Business

3. Mailing Address

9000 Sheridan street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 136

City & State

City & State

Pembroke Pines, FL

Zip

Country

Zip

Country

33024

USA

1ST MOORE

CR2E003 (10/04)

4. FEI Number

65-0853580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRUZ, CLEMENTE E
9000 SHERIDAN STREET
SUITE 132
PEMBROKE PINES FL 33024

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.

\$200.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 # P97000097056
NAME PETROZONE, INC.
STREET ADDRESS 9000 SHERIDAN STREET, SUITE 132
CITY-ST-ZIP PEMBROKE PINES FL 33024

13. ADDRESS CHANGES ONLY

STREET ADDRESS 9000 sheridan street, suite 136

CITY-ST-ZIP

300054015983

05/06/05--01068--008 ***141.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 #

STAPLE CHECK HERE