

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

DOCUMENT # A98000001982

1. Entity Name

CLOISTERS ON THE BAY, LTD.



Principal Place of Business

1200 S. ROGERS CIRCLE, SUITE #11
BOCA RATON FL 33487

Mailing Address

1200 S. ROGERS CIRCLE, SUITE #11
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0868611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E003 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POPKIN, EDWARD D

~~2499 GLADES ROAD, SUITE 114~~
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

5355 Town Center Road
Suite 801

City

FL

Zip Code

33486

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.

\$3,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000052839
NAME CLOISTERS ON THE BAY, INC.
STREET ADDRESS ~~2499 GLADES ROAD, SUITE 114~~
CITY-ST-ZIP BOCA RATON FL 33431

STREET ADDRESS 1200 S. Rogers Circle, Suite 11
CITY-ST-ZIP 33487

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 700037675827
06/04/04--01068--008 **376.25
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 700037675827
06/04/04--01068--009 **150.00
CITY-ST-ZIP

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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:

Leonard Albanese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/18/04

Date

Daytime Phone #

FILED

2004 JUN -4 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA