

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000002083

1. Entity Name
DEALEXANDRIS FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**3603 EDGEWATER DRIVE
SEBRING, FL 33872**

Mailing Address
**% PURCELL, FLANAGAN & HAY, P.A.
1548 LANCASTER TERRACE
JACKSONVILLE, FL 32204**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
65-0863285

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**DEALEXANDRIS, ROBERT A
3603 EDGEWATER DRIVE
SEBRING, FL 33872**

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

\$4,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date

\$731,206.00

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 #
NAME
STREET ADDRESS
CITY ST ZIP
**DEALEXANDRIS, ROBERT A TRUSTEE
3603 EDGEWATER DRIVE
SEBRING, FL 33872**

STREET ADDRESS
CITY ST ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY ST ZIP
**DEALEXANDRIS, SHARON A TRUSTEE
3603 EDGEWATER DRIVE
SEBRING, FL 33872**

STREET ADDRESS
CITY ST ZIP

**U000000158732
05/10/04-800004-009 525.25**

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CITY ST ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 (9 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

ROBERT A. DeALEXANDRIS

Date

Daytime Phone #

4/29/04

843-466-0230

STAPLE CHECK HERE