

2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

DOCUMENT # A98000002208

1. Entity Name
A. ELIAS FAMILY LIMITED PARTNERSHIP



FILED

2004 APR 26 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
19750 BEACH ROAD, UNIT #502
JUPITER ISLAND, FL 33469

Mailing Address
19750 BEACH ROAD, UNIT #502
JUPITER ISLAND, FL 33469

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



01082004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0801459

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROBERG, PETER S
223 PERUVIAN AVENUE
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
700036281157
05/14/04--01003--029 **88.75
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 *Rea Elias* DATE

9. Capital Contributions as Shown on record. \$3,601,000.00

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 #	ELIAS, ALBERT J TRUSTEE	STREET ADDRESS	
NAME	19750 BEACH ROAD, UNIT #502	CITY-ST-ZIP	300036281273 05/14/04--01003--030 **437.50
STREET ADDRESS	JUPITER ISLAND, FL 33469		
CITY-ST-ZIP			
DOCUMENT #	ELIAS, REA TRUSTEE	STREET ADDRESS	
NAME	19750 BEACH ROAD, UNIT #502	CITY-ST-ZIP	
STREET ADDRESS	JUPITER ISLAND, FL 33469		
CITY-ST-ZIP			
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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)(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: *Rea Elias* REA ELIAS 04/05/04 561-746-8655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #