

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

DOCUMENT # A98000002358

1. Entity Name

COASTAL PASCO PARTNERS, LTD. LLP



Principal Place of Business

28100 U.S. HIGHWAY, SUITE 511
CLEARWATER FL 33761

Mailing Address

28100 U.S. HIGHWAY, SUITE 511
CLEARWATER FL 33761

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

59-3536231

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

LESSER, JASON K
28100 U.S. HIGHWAY, SUITE 511
CLEARWATER FL 33761

Name

JOEL S TRAUB

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

3248 MASTERS DRIVE

CITY CLEARWATER

FL

Zip Code 33761

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. 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

DOCUMENT # P98000084083
NAME COASTAL C.P.P. PARTNERS, INC.
STREET ADDRESS 28100 U.S. HIGHWAY, SUITE 511
CITY-ST-ZIP CLEARWATER FL 33761

DOCUMENT #
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CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

3248 MASTERS DRIVE

CITY-ST-ZIP

CLEARWATER, FL 33761

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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

JOEL TRAUB

Date

Daytime Phone #

1/23/04 727-580-1644

FILED

04 JAN 30 PM 2:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA



MOORE

CR2E003 (11/03)

STAPLE CHECK HERE