

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000002482

1. Entity Name
TWS INVESTMENTS, LTD.



Principal Place of Business
**300 S.E. 2ND STREET
 FT. LAUDERDALE, FL 33301**

Mailing Address
**300 S.E. 2ND STREET
 FT. LAUDERDALE, FL 33301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092004

Chg-LP

CR2E003 (10/03)

4. FEI Number
65-0872678

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

**JONES, PATRICIA
 C/O STILES CORPORATION
 300 S.E. 2ND STREET
 FT. LAUDERDALE, FL 33301**

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

Signatures typed or printed name of registered agent and state if applicable

DATE

9. Capital Contributions
 as Shown on record

\$3,025,402.00

10. Amount of Capital Contributions
 in FLORIDA to date.

3,025,402.00

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 # **P98000089367**
 NAME **TWS INVESTMENTS, INC.**
 STREET ADDRESS **300 S.E. 2ND STREET**
 CITY - ST - ZIP **FT. LAUDERDALE, FL 33301**

STREET ADDRESS

CITY - ST - ZIP

**U00000160167
 05/13/04-80010-008 526.25**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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

Terry Stiles

Date

2/16/04

Daytime Phone #

954-627-9336

STAPLE CHECK HERE