

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000002856

1. Entity Name
OCALA TROPHY, LTD.



Principal Place of Business
3483 W. WOOLBRIGHT RD
BOYNTON BEACH, FL 33436

Mailing Address
3483 W. WOOLBRIGHT RD
BOYNTON BEACH, FL 33436



2. Principal Place of Business

3. Mailing Address

04272004 Chg-LP CR2E003 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0882273

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

STERN, HAROLD S
3483 W. WOOLBRIGHT RD
BOYNTON BEACH, FL 33436

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. **\$3,000,000.00**

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

DOCUMENT # **P97000071864**
 NAME **OCALA 200, INC.**
 STREET ADDRESS **5801 N. CONGRESS AVENUE**
 CITY-ST-ZIP **BOCA RATON, FL 33487**

DOCUMENT # **P02000073166**
 NAME **NEW MILLENNIUM OPERATING CORP.**
 STREET ADDRESS **3483 W. WOOLBRIGHT RD**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

U000000157867
05/05/04-80045-024 526.25

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

Date

Daytime Phone #

Leonard E. Greenberg **LEONARD E. GREENBERG** 4/28/04 561-737-5805

STAPLE CHECK HERE