

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR -7 AM 10:46

DOCUMENT # A99000000183

1. Entity Name
EQUINE STABLE, LTD.



Principal Place of Business
**3665 BEE RIDGE ROAD, SUITE 310
SARASOTA, FL 34233**

Mailing Address
**3665 BEE RIDGE ROAD, SUITE 310
SARASOTA, FL 34233**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
65-0890362

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

**MCSWEENEY, ANINA C
3665 BEE RIDGE ROAD, SUITE 310
SARASOTA, FL 34233**

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. **\$20,000.00**

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 # **P99000008689**
NAME **EQUINE STABLE, INC.**
STREET ADDRESS **3665 BEE RIDGE ROAD, SUITE 310**
CITY - ST - ZIP **SARASOTA, FL 34233**

STREET ADDRESS

CITY - ST - ZIP

700032970447
04/16/04--01054--015 **228.75

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
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:

Anina C. McSweeney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04-02-04

Date

Daytime Phone #

STAPLE CHECK HERE