

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

DOCUMENT # A59000000196

1. Entity Name

SERENDIPITY PRODUCTIONS LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 31 AM 9:59

Principal Place of Business

1602 3RD AVENUE, YBOR CITY
TAMPA FL 33605

Mailing Address

1602 3RD AVENUE, YBOR CITY
TAMPA FL 33605

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

59-3640040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROAL GROUP, INC.
1602 3RD AVENUE, YBOR CITY
TAMPA FL 33605

7. Name and Address of New Registered Agent

Name

Rochelle Gross

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

1602 E. 3rd Ave.

City

Tampa

FL

Zip Code

33605

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

Rochelle Gross

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as shown on record

\$50,000.00

10. Amount of Capital Contributions
in FLORIDA to date

\$10,000.00

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 # H21559
NAME ROAL GROUP, INC.
STREET ADDRESS 1602 3RD AVENUE, YBOR CITY
CITY-ST-ZIP TAMPA FL 33605

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME GROSS, ROCHELLE
STREET ADDRESS 1692 E. ERD AVENUE
CITY-ST-ZIP TAMPA FL 33605

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

13. ADDRESS CHANGES ONLY

200032838092

04/15/04--01019--024 **158.75

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: Rochelle Gross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-23-04

Date

813-241-9213

Daytime Phone #

STAPLE CHECK HERE