


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

| | | |
|--|--|---|
| DOCUMENT # A99000000267 | |  |
| 1. Entity Name NOB HILL BUSINESS CENTER, LTD. | | |

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|--|--|
| Principal Place of Business 2240 WOOLBRIGHT RD., SUITE 300 BOYNTON BEACH, FL 33426 | Mailing Address 2240 WOOLBRIGHT RD., SUITE 300 BOYNTON BEACH, FL 33426 |
|--|--|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 65-0895106 | 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 | |
| APPIGNANI, LOUIS J 2240 WOOLBRIGHT RD., SUITE 300 BOYNTON BEACH, FL 33426 | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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|---|---|
| 9. Capital Contributions as Shown on record. \$10,000.00 | 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 # | P99000014194 | STREET ADDRESS | 300027111483 |
| NAME | LJA PROPERTIES, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 2240 WOOLBRIGHT RD., SUITE 300 | STREET ADDRESS | 01/16/04--01060--008 **158.75 |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33426 | CITY-ST-ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Louis Appignani 1/12/04 561-361-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED
2004 JAN 16 AM 8:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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