



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 CORPORATIONS
 04 APR 19 PM 2:13

DOCUMENT # A99000000477 1. Entity Name SCUPPER ENTERPRISES LIMITED PARTNERSHIP					
Principal Place of Business 2730 S. OCEAN BLVD. PALM BEACH, FL 33480				Mailing Address 2730 S. OCEAN BLVD. PALM BEACH, FL 33480	
2. Principal Place of Business 409 24TH Street		3. Mailing Address 409 24TH Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04132004 Chg-LP CR2E003 (10/03)	
City & State West Palm Beach, FL		City & State West Palm Beach, FL		4. FEI Number 65-0909728	
Zip 33407		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SISKIND, JEFFERY M 2730 S. OCEAN BLVD. PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name FR Volkwein Street Address (P.O. Box Number is Not Acceptable) 409 24TH St West Palm Beach City FL Zip Code 33407			
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 <u>FR Volkwein</u> DATE <u>4/15/04</u>					
9. Capital Contributions as Shown on record. \$1,000.00		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 #	P99000021903		STREET ADDRESS		
NAME	LORMAN ASSOCIATES, INC.		CITY-ST-ZIP		
STREET ADDRESS	409 24TH ST.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP		
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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: <u>FR Volkwein</u> FR Volkwein			Date <u>4/15/04</u>		Daytime Phone # <u>832 6577</u>

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