

2004 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2004****FILED****Apr 26, 2004 08:00 AM****Secretary of State****DOCUMENT # A99000001188**

1. Entity Name

EMERALD LAKE PARTNERSHIP, LTD.



Principal Place of Business

500 NE 2ND STREET
OFFICE VILLAGE CLUB APTS.
DAVIE BEACH, FL 33004

Mailing Address

P.O. BOX 431405
MIAMI, FL 33243

2. Principal Place of Business

3. Mailing Address



Suite, Apt #, etc.

Suite, Apt #, etc.

04202004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0933998

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

TOTH, ANDREUS J
500 NE 2ND STREET
OFFICE VILLAGE CLUB APTS.
DAVIE BEACH, FL 33004

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 date if applicable

DATE

9. Capital Contributions
as Shown on record.

\$800,000.00

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 # P99000063408
NAME CORE EQUITIES #10, INC.
STREET ADDRESS 500 NE 2ND STREET
CITY- ST- ZIP DAVIE BEACH, FL 33004

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

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05/03/04-80039-021 526.25DOCUMENT #
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/21/04

954-923-2144

Title

Daytime Phone #

STAPLE CHECK HERE