

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

APPROVED  
AND  
FILED

04 APR -9 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A99000001562**

1. Entity Name

POLARIS PARTNERS, LTD.



Principal Place of Business

321 E. HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441

Mailing Address

321 E. HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441

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

65-0965718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



MOORE

CR2E003 (11/03)

6. Name and Address of Current Registered Agent

POLARIS LIGHTING INC  
321 E. HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name **TED STOTZER**

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

**321 E HILLSBORO BLVD**

City

**DEERFIELD BEACH**

FL

Zip Code

**33441**

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.

**\$4,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # **P99000078948**  
NAME **POLARIS LIGHTING INC**  
STREET ADDRESS **321 E. HILLSBORO BLVD.**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**800033181618**  
**04/20/04 01070 020 \*\*526.25**

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

Date

Daytime Phone #

**4-8-04 954-418-0208**

STAPLE CHECK HERE