


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000001601	
1. Entity Name TWENTIETH LANE PROPERTIES, LTD.	

Principal Place of Business C/O ABC DISTRIBUTING, INC. 14445 N.E. 20TH LANE NORTH MIAMI, FL 33181-1411	Mailing Address C/O ABC DISTRIBUTING, INC. 14445 N.E. 20TH LANE NORTH MIAMI, FL 33181-1411
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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NUNEZ, MIKE C/O ABC DISTRIBUTING, INC. 14445 N.E. 20TH LANE NORTH MIAMI, FL 33181-1141	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State (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.

9. Capital Contributions as Shown on record \$2,500,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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
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DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	P97000051960 TWENTIETH LANE PROPERTIES, INC. ✓ 14445 N.E. 20TH LANE MIAMI, FL 33181
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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:  **2/16/04 305 948-1284**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE DAY MONTH PHONE #



02062004 Chg-LP CR2E003 (10/03)

4. FCI Number 65-0017933	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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STAPLE CHECK HERE