

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 8, 2004**

DOCUMENT # A99000001652

1. Entity Name

OLD POST ROAD GROUP LIMITED PARTNERSHIP



Principal Place of Business

16000 WINDRIFT DRIVE
JUPITER FL 33477

Mailing Address

16000 WINDRIFT DRIVE
JUPITER FL 33477

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

65-0976941

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

DEWEES, LEDYARD H.
270 N.W. 3RD COURT
BOCA RATON FL 33432

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 title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$6,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

675,000

11. FILE NOW!!! Due by September 8, 2004!
See Block 11 instructions for fee info. If
first notice was not received, check box
and do not include \$400 late fee. ☐

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
DUBOIS, MALCOLM
16000 WINDRIFT DRIVE
JUPITER FL 33477

STREET ADDRESS
CITY-ST-ZIP
700039951347
08/06/04--01047--027 **926.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
HEDRICK, PAUL
15254 71ST DRIVE NORTH
PALM BEACH GARDENS FL 33418

STREET ADDRESS
CITY-ST-ZIP

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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: Malcolm DuBois
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7-27-2004 561-385-4901
Date Daytime Phone #

FILED

04 AUG -2 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE

CR2E003 (4/04)

STAPLE CHECK HERE