


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001732</b> 1. Entity Name NOLAN'S LAND MANAGEMENT GROUP, LTD.	
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Principal Place of Business 1891 NW 33RD COURT POMPANO BEACH, FL 33064	Mailing Address 1891 NW 33RD COURT POMPANO BEACH, FL 33064
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2. Principal Place of Business	3. Mailing Address
State, Apt. # etc.	State, Apt. # etc.
City & State	City & State
Zip	Country



03042004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0956102	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NOLAN, BONNIE 1891 NW 33RD COURT POMPANO BEACH, FL 33064	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 type or print name of registered agent and fee if applicable

9. Capital Contributions as Shown on record \$709,320.00	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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P99000076848 NOLAN'S LAND MANAGEMENT GROUP INC 1891 NW 33RD COURT POMPANO BEACH, FL	STREET ADDRESS CITY-ST-ZIP	U000000160237 05/13/04-80013-004 535.00
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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: Bonnie Nolan, P. Bonnie Nolan 3/10/04 954-971-4800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone

STAPLE CHECK HERE