

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

DOCUMENT # A99000001740

1. Entity Name  
 FLG FL, PARTNERS, LTD.



Principal Place of Business  
 6617 GLENCOE DR.  
 TEMPLE TERRACE, FL 33617

Mailing Address  
 6617 GLENCOE DR.  
 TEMPLE TERRACE, FL 33617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07062004

Chg-LP

CR2E003 (10/03)

4. FEI Number  
 59-3613455

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

VALENTI, DANIA F  
 6617 GLENCOE DRIVE  
 TEMPLE TERRACE, FL 33617

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. **\$2,702,000.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

**526.25**

**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 # P96000023319  
 NAME F & L INVESTMENTS, INC.  
 STREET ADDRESS 6617 GLENCOE DR.  
 CITY-ST-ZIP TAMPA, FL 33617

STREET ADDRESS

CITY-ST-ZIP

**000040579720**  
**08/27/04--01034--002 \*\*526.25**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Dania Valenti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**7/26/04**

Date

Daytime Phone #

STAPLE CHECK HERE

FILED

2004 AUG 16 PM 4:12

DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

