

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 25 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A99000002188

1. Entity Name  
TOPPEL CANTERFIELD LIMITED PARTNERSHIP



Principal Place of Business  
7900 GLADES ROAD, SUITE 420  
BOCA RATON, FL 33434

Mailing Address  
7900 GLADES ROAD, SUITE 420  
BOCA RATON, FL 33434



2. Principal Place of Business

3. Mailing Address

7900 Glades Rd.

7900 Glades Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #600

Suite #600

01172005 Chg-LP CR2E003 (10/03)

City & State

Boca Raton, FL 33434

City & State

Boca Raton, FL 33434

4. FEI Number  
65-0973804

Applied For  
Not Applicable

Zip  
33434

Country  
Palm Beach

Zip  
33434

Country  
Palm Beach

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

SAUER, SHERI  
7900 GLADES ROAD, SUITE 420  
BOCA RATON, FL 33434

Name

Street Address (P.O. Box Number is Not Acceptable)  
7900 Glades Rd. Suite #600

City

Boca Raton

FL

Zip Code  
33434

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

*Sheri Sauer*

Sheri Sauer

4/19/05

DATE

9. Capital Contributions as Shown on record. \$4,500,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,500.00

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 # P97000107376  
NAME TOPPEL MANAGEMENT, INC.  
STREET ADDRESS 7900 GLADES ROAD, SUITE 420  
CITY-ST-ZIP BOCA RATON, FL 33434

STREET ADDRESS 7900 Glades Rd. Suite #600  
CITY-ST-ZIP Boca Raton, FL 33434

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: X

*Harold Toppel*

Harold Toppel

4/19/05

561-451-4696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE