

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

**DOCUMENT # B02000000429**

1. Entity Name  
**ALPHA & OMEGA GLOBAL RISK MANAGEMENT, LP**



Principal Place of Business  
**202 N. CURRY ST., STE. 100  
 CARSON CITY, NV 89703**

Mailing Address  
**319 CLEMATIS ST., STE. 408A  
 WEST PALM BEACH, FL 33401**

**FILED**

**04 JUL 29 PM 3:52**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072004

Chg-LP

CR2E003 (10/03)

4. FEI Number

**04-3717853**

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

**IGLER & DOUGHERTY, P.A.  
 1501 PARK AVE. EAST  
 TALLAHASSEE, FL 32301**

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.

**\$0.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

**\$ 0.00**

In accordance with s. 607.193(2)(b), F.S.,  
 the limited partnership did not receive the  
 prior notice.

**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 **HAGAN, G. RUSSELL**  
 STREET ADDRESS **319 CLEMATIS ST., STE. 408A**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

STREET ADDRESS  
 CITY-ST-ZIP  
**700039913497**  
**08/05/04--01062--001 \*\*52.50**

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STREET ADDRESS  
 CITY-ST-ZIP  
**700039913497**  
**08/05/04--01062--002 \*\*488.75**

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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:**

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**070704**

**561-655 2002**

Date

Daytime Phone #

STAPLE CHECK HERE