

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

**FILED**

04 JUL 23 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJM

**DOCUMENT # B03000000315**

1. Entity Name

TERRAPIN FUND OF FUNDS, L.P.



Principal Place of Business

760 SOUTH MASHTA DRIVE  
KEY BISCAVNE, FL 33149

Mailing Address

760 SOUTH MASHTA DRIVE  
KEY BISCAVNE, FL 33149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07122004

Chg-LP

CR2E003 (10/03)

7/23

4. FEI Number

13-4150066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TERRAPIN ASSET MANAGEMENT, LLC  
760 SOUTH MASHTA DRIVE  
KEY BISCAVNE, FL 33149

7. Name and Address of New Registered Agent

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.

\$1,000,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$100,000 -

**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 # M03000003112  
NAME TERRAPIN ASSET MANAGEMENT, LLC  
STREET ADDRESS 760 SOUTH MASHTA DRIVE  
CITY-ST-ZIP KEY BISCAVNE, FL 33149

STREET ADDRESS

CITY-ST-ZIP

200039951542

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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:

Jason Weiss - Jason Weiss  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/20/04

305 365 3748

Date

Daytime Phone #

STAPLE CHECK HERE