

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

**DOCUMENT # B03000000316**

1. Entity Name  
**ALDABRA FUND OF FUNDS, LP**



Principal Place of Business  
**760 SOUTH MASHTA DRIVE  
 KEY BISCAYNE, FL 33149**

Mailing Address  
**760 SOUTH MASHTA DRIVE  
 KEY BISCAYNE, FL 33149**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**TERRAPIN ASSET MANAGEMENT, LLC  
 760 SOUTH MASHTA DRIVE  
 KEY BISCAYNE, 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 #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

*Jason Weiss* - Jason Weiss

7/20/04

305 365 3748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**FILED**

04 JUL 23 AM 11:08

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

MJH



07122004

Chg-LP

CR2E003 (10/03)

7/23

4. FEI-Number

**56-2359442**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

STAPLE CHECK HERE