

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 MAY -3 PM 6:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # B03000000434**

1. Entity Name  
**CTA PARTNERS, L.P.**



Principal Place of Business Mailing Address  
**C/O INVESTCORP (SHANNIN VAN WAYENBERGE)** **C/O INVESTCORP (SHANNIN VAN WAYENBERGE)**  
**280 PARK AVE, 36TH FLOOR** **280 PARK AVE, 36TH FLOOR**  
**NEW YORK, NY 10017** **NEW YORK, NY 10017**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**20-0481883**

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

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. **\$15,365,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **15,365,000.00**

**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

DOCUMENT # **F03000006245**  
NAME **BROWARD FINANCIAL GP, INC.**  
STREET ADDRESS **280 PARK AVE, 36TH FLOOR**  
CITY-ST-ZIP **NEW YORK, NY 10017**

DOCUMENT #  
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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

**200036545042**  
**05/19/04--01033--000 \*\*526.25**

*Handwritten signature*

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**John R. Fraser, 4/28/04 212-599-4700**  
**Broward Financial GP, Inc.**

Daytime Phone #

STAPLE CHECK HERE