

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 26 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B95000000010

1. Entity Name
COOLIDGE - KEY LARGO EQUITIES LIMITED PARTNERSHIP



Principal Place of Business
**2250 AVENIDA DEL VERA
N. FT. MYERS, FL 33917**

Mailing Address
**2250 AVENIDA DEL VERA
N. FT. MYERS, FL 33917**

2. Principal Place of Business

12800 UNIVERSITY DR

3. Mailing Address

12800 UNIVERSITY DR

Suite, Apt. #, etc.

SUITE 400

Suite, Apt. #, etc.

SUITE 400

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33907

Country

USA

Zip

33907

Country

USA

01152004

Chg-LP

CR2E003 (10/03)

4. FEI Number

13-3797705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CALLAHAN, W. SCOTT
37 NORTH ORANGE AVENUE, STE. 200
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

800036287348

05/14/04--01007--011 **526.25

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.

\$530,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$526.25

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 # **F95000000119**
NAME **COOLIDGE - KEY LARGO REALTY CORP.**
STREET ADDRESS **2250 AVENIDA DEL VERA**
CITY-ST-ZIP **N. FT. MYERS, FL 33917**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **12800 University Dr., Ste 400**
Fort Myers, FL 33907

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE