

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # B95000000418

1. Entity Name
MERCATOR ASSET MANAGEMENT, L.P., LTD.



Principal Place of Business
5200 TOWN CENTER CIR., SUITE 550
BOCA RATON, FL 33486

Mailing Address
5200 TOWN CENTER CIR., SUITE 550
BOCA RATON, FL 33486



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0617051

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

THOMPSON, JOHN G
5200 TOWN CENTER CIRCLE, STE. 550
BOCA RATON, FL 33486

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. **\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # **P95000066205**
 NAME **JZT CORP.**
 STREET ADDRESS **5200 TOWN CENTER CIR., SUITE 550**
 CITY-STATE-ZIP **BOCA RATON, FL 33486**

STREET ADDRESS

CITY-STATE-ZIP

000000090120

03/17/04 00005 002 526.25

DOCUMENT # **P95000066081**
 NAME **PXS CORP.**
 STREET ADDRESS **5200 TOWN CENTER CIR., SUITE 550**
 CITY-STATE-ZIP **BOCA RATON, FL 33486**

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT # **P99000020557**
 NAME **KXS CORP.**
 STREET ADDRESS **5200 TOWN CENTER CIR., SUITE 550**
 CITY-STATE-ZIP **BOCA RATON, FL 33486**

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT # **P00000117173**
 NAME **JXC CORP.**
 STREET ADDRESS **5200 TOWN CENTER CIR., SUITE 550**
 CITY-STATE-ZIP **BOCA RATON, FL 33486**

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT # **P01000117302**
 NAME **BXT CORP.**
 STREET ADDRESS **5200 TOWN CENTER CIR., SUITE 550**
 CITY-STATE-ZIP **BOCA RATON, FL 33486**

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 G THOMPSON

1/6/04

Date

561-361-1079

Daytime Phone #

STAPLE CHECK HERE