

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

FILED

04 MAY 24 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MJH



01092004 Chg-LP CR2E003 (10/03) 5/24

**DOCUMENT # B96000000174**

1. Entity Name  
**COOLIDGE-VALENCIA 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.**

Suite, Apt. #, etc.

**SUITE 400**

City & State

**FORT MYERS, FL**

Zip  
**33907**

Country  
**USA**

3. Mailing Address

**12800 UNIVERSITY DR.**

Suite, Apt. #, etc.

**SUITE 400**

City & State

**FORT MYERS, FL**

Zip  
**33907**

Country  
**USA**

4. FEI Number

**13-3889027**

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 N. ORANGE AVE., SUITE 200  
ORLANDO, FL 32801**

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:

**\$1,481,666.59**

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

DOCUMENT # **F96000002464**  
NAME **COOLIDGE-VALENCIA 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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE