2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Feb 03, 2004 08:00 AM Secretary of State

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2. Principal f	Place of Business	3. Mailing Address							
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7.0	Country	Zip	Cour	ntrv				88.75 Addition	
Zıp	Godalay	210	300.	7	5. Certificate of	Status Desired		ee Required	άπ
 	6. Name and Address of Cur	rrent Registered Agent			7. Name and A	ddress of New F	Registered A	gent	
			· · · · · ·	Name					
MR. CHR				Event Address	TO O Boy Nivers	in Not Assetshi	۵۱		
	FINE WINES			Street Address	(P.O. Box Number	is Not Acceptable	e)		
	IT MOORE ROAD								
BUCARA	TON, FL 33487							T-2. A. I.	
				City			FL	Zip Code	
8. The abov	a named entity submits this stateme	ent for the purpose of chang	ing its register	red office or registe	red agent, or both	, in the State of Flo	orida. I am fa	amiliar with, and	accept
the obliga	tions of registered agent.								
I									
SIGNATURE	Signature typed or printed name of registered	agent and tire if applicable,				·	DATE		
	and the store		Capital Contri	ibutions			DATE		
9. Capital Co		d agent and tire if approable. 10. Amount of in FLORID		ibutions	-		DATE		
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