

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # B97000000480

1. Entity Name

PARKSIDE CLEARWATER ASSOCIATES, L.P.



FILED

2004 APR 23 PM 3: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

Principal Place of Business

% ALLEN WEBER
2525 PALMER AVENUE
NEW ROCHELLE NY 10801

Mailing Address

% ALLEN WEBER
2525 PALMER AVENUE
NEW ROCHELLE NY 10801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3960075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWMARK, LESLIE
6010 N.W. 23RD TERRACE
BOCA RATON FL 33496

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.

\$600,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # M97000000594
NAME SPAW REALTORS, LLC
STREET ADDRESS 2525 PALMER AVENUE
CITY-ST-ZIP NEW ROCHELLE NY 10801

13. ADDRESS CHANGES ONLY

STREET ADDRESS ALLEN WEBER 2525 PALMER AVENUE
CITY-ST-ZIP NEW ROCHELLE, NY 10801

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS 200036056392
CITY-ST-ZIP 05/11/04--01041--002 **526.25

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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: SPAW REALTORS, LLC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Allen Weber Mgr

4/21/04

Date

Daytime Phone #

STAPLE CHECK HERE