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

**FILED**
**May 04, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # A00000000969

1. Entity Name
MALOUF FAMILY PARTNERS, LLLP

| Principal Place of Business | Mailing Address |
|---|---|
| 3115 MOSSVALE LANE<br>TAMPA, FL 33618 | 3115 MOSSVALE LANE<br>TAMPA, FL 33618 |

04272004 Chg-LP CR2E003 (10/03)

| 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 59-3654673 ☐ 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 |
|---|---|
| MALOUF, THOMAS H<br>3115 MOSSVALE LANE<br>TAMPA, FL 33618 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable

| 9. Capital Contributions as Shown on record | 10. Amount of Capital Contributions in FLORIDA to date |
|---|---|
| $2,869,073.00 | 2869,073.00 |

**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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MALOUF, THOMAS H<br>3115 MOSSVALE LANE<br>TAMPA, FL 33618 | STREET ADDRESS<br>CITY-ST-ZIP | |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | STREET ADDRESS<br>CITY-ST-ZIP | U00000159190<br>05/10/04-80019-022 526.25 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | STREET ADDRESS<br>CITY-ST-ZIP | |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | STREET ADDRESS<br>CITY-ST-ZIP | |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | STREET ADDRESS<br>CITY-ST-ZIP | |

STAPLE CHECK HERE

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:** _____ Thomas H. Malouf 4/29/04 813 933-9296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #