

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

DOCUMENT # A00000001155 1. Entity Name FRANZ FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 3149 OLD U.S. ROAD MARIANNA FL 32446	Mailing Address 3149 OLD U.S. ROAD MARIANNA FL 32446
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2. Principal Place of Business 160 ROSEHILL DR W	3. Mailing Address 160 ROSEHILL DR W
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TALLAHASSEE, FL	City & State TALLAHASSEE FL
Zip 32312	Zip 32312
Country LEON	Country LEON

FILED
 04 FEB 12 AM 9:04
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



MOORE CR2E003 (11/03)

4. FEI Number 59-3666670	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRANZ, SINCLAIR 3149 OLD U.S. ROAD MARIANNA FL 32446	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

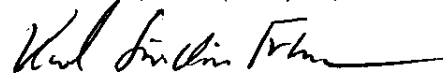
SIGNATURE _____ DATE **02/28/04**
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,145,613.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #		STREET ADDRESS	
NAME	FRANZ, SINCLAIR	CITY-ST-ZIP	
STREET ADDRESS	3149 OLD U.S. ROAD		
CITY-ST-ZIP	MARIANNA FL 32446		
DOCUMENT #		STREET ADDRESS	
NAME	FRANZ, ANGELA	CITY-ST-ZIP	
STREET ADDRESS	3149 OLD U.S. ROAD		
CITY-ST-ZIP	MARIANNA FL 32446		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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:  **2-07-04 850 222 7407**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE