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

DOCUMENT # A00000001155

1. Entity Name
FRANZ FAMILY PARTNERSHIP, LTD.

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

MJW

MOORE CR2E003 (11/03) 2/17

Principal Place of Business	Mailing Address
3149 OLD U.S. ROAD MARIANNA FL 32446	3149 OLD U.S. ROAD MARIANNA FL 32446

2. Principal Place of Business	3. Mailing Address
160 ROSEHILL DR W	160 ROSEHILL DR W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL	City & State: TALLAHASSEE FL
Zip: 32312 Country: LEON	Zip: 32312 Country: LEON

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	7. Name and Address of New Registered Agent
FRANZ, SINCLAIR 3149 OLD U.S. ROAD MARIANNA FL 32446	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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable.

800029449598
02/26/04--01019--005 **526.25

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

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		
STREET ADDRESS	3149 OLD U.S. ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	MARIANNA FL 32446		
DOCUMENT #		STREET ADDRESS	
NAME	FRANZ, ANGELA		
STREET ADDRESS	3149 OLD U.S. ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	MARIANNA FL 32446		
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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: Karl Sinclair Franz 2-09-04 850 222-7407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #