

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001538		
1. Entity Name THE ULLMAN FAMILY LIMITED PARTNERSHIP, LLLP		

Principal Place of Business 1316 SOUTH HIGHLAND PARK DRIVE LAKE WALES, FL 33898-7426	Mailing Address 1316 SOUTH HIGHLAND PARK DRIVE LAKE WALES, FL 33898-7426
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04192004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3674010	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ULLMAN, DAVID C 1316 SOUTH HIGHLAND PARK DRIVE LAKE WALES, FL 33853		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.

9. Capital Contributions as Shown on record \$68,760.00	10. Amount of Capital Contributions in FLORIDA to date
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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 #	NAME	STREET ADDRESS	
NAME	ULLMAN, DAVID C	CITY-ST-ZIP	
STREET ADDRESS	1316 SOUTH HIGHLAND PARK DRIVE		
CITY-ST-ZIP	LAKE WALES, FL 33898		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ULLMAN, JUNE C	CITY-ST-ZIP	
STREET ADDRESS	1316 SOUTH HIGHLAND PARK DRIVE		
CITY-ST-ZIP	LAKE WALES, FL 33898		
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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: David C. Ullman 4-19-04 863-676-7981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECKS HERE