

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

DOCUMENT # A01000001085

1. Entity Name

GEIGER VENTURES, LLLP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 26 AM 8:34

Principal Place of Business
NEW ADDRESS 19070 Stangerone Road
Belle Fourche, SD 57717

Mailing Address
NEW ADDRESS 19070 Stangerone Road
Belle Fourche, SD 57717



MOORE CR2E003 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3738011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEIGER, ELWOOD E

NEW ADDRESS 19070 Stangerone Road
Belle Fourche, SD 57717

7. Name and Address of New Registered Agent

Name William H. Cauthen, Esq.

Street Address (P.O. Box Number is Not Acceptable)

215 North Joanna Avenue

City Tavares

FL

Zip Code 32778

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

William H. Cauthen

Signature, typed or printed name of registered agent and title if applicable

William H. Cauthen

3-23-04

DATE

9. Capital Contributions
as Shown on record.

\$3,500,000.00

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 #
NAME GEIGER, ELWOOD E TRUSTEE
STREET ADDRESS 5135 DUNN AVE.
CITY-ST-ZIP JACKSONVILLE FL 32218

DOCUMENT #
NAME GEIGER, MARILYN T TRUSTEE
STREET ADDRESS 5135 DUNN AVE.
CITY-ST-ZIP JACKSONVILLE FL 32218

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **NEW ADDRESS** 19070 Stangerone Road
CITY-ST-ZIP Belle Fourche, SD 57717

STREET ADDRESS **NEW ADDRESS** 19070 Stangerone Road
CITY-ST-ZIP Belle Fourche, SD 57717

STREET ADDRESS
CITY-ST-ZIP
800032719988
04/14/04 01020 007 **526.25

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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: *Marilyn T. Geiger* MARILYN T. GEIGER
GENERAL PARTNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

605-892-2493

STAPLE CHECK HERE