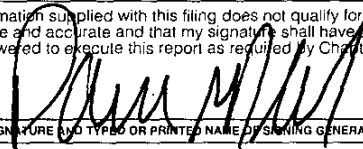


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED
04 MAY -4 PM 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000301					
1. Entity Name PILLOT FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 1267 SECOND STREET SARASOTA, FL 34236		Mailing Address 1267 SECOND STREET SARASOTA, FL 34236			
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 75-3108907	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				01122004 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent PILLOT, PATRICK M 1267 SECOND STREET SARASOTA, FL 34236				7. Name and Address of New Registered Agent	
				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. \$350,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$350,000.00			
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 #	NAME		STREET ADDRESS		
STREET ADDRESS	PILLOT, PATRICK M TRUSTEE		CITY-ST-ZIP	900036546149	
CITY-ST-ZIP	1267 SECOND STREET SARASOTA, FL 34236			05/18/04--01035--012 **526.25	
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
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:  5/1/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE