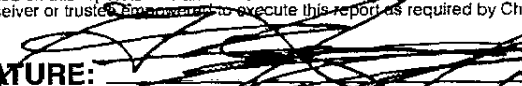


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A26783					
1. Entity Name NORBOURNE ESTATES LTD.					
Principal Place of Business P.O. BOX 99564 LOUISVILLE, KY 40269-0564			Mailing Address P.O. BOX 99564 LOUISVILLE, KY 40269-0564		
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 59-3011812	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMMONS, ANNETTE 37 BROOK CIRCLE LEESBURG, FL 34748				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. \$398,795.00			10. Amount of Capital Contributions in FLORIDA to date.		
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	FULKERSON, T J		CITY-ST-ZIP		
STREET ADDRESS	9239 LAZY LANE				
CITY-ST-ZIP	TAMPA, FL 33614				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	NELSON, STEVE W		CITY-ST-ZIP		
STREET ADDRESS	2509 PLANTSIDE DR.				
CITY-ST-ZIP	LOUISVILLE, KY 40299				
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
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: 			T.J. Fulkerson 4Feb04 318-465-219		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



01202004 Chg-LP CR2E003 (10/03)

STAPLE CHECK HERE