2064 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

D©CUMENT # A92000000245 Secretary of State FORT FAMILY PARTNERSHIP, LTD. Principal Place of Susiness Mailing Address 100 NORTH OAK AVENUE FT. MEADE FL 33841 100 NORTH OAK AVENUE FT. MEADE FL 33841 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 59-3155118 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORT, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 100 NORTH OAK AVENUE FT. MEADE FL 33841 City 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 SIGNATURE Signature, typed or printed name of registered agent and total if applicable. 10. Amount of Capital Contributions it make check payable to il pert of state see reverse side for fee information 9. Capital Contributions as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS NAME FORT, RICHARD A STREET ADDRESS 100 NORTH OAK AVENUE U000000087305 CSSY-ST-719 CITY-ST-78 FT. MEADE FL 33841 02/15/04-80006-001-526. DOCUMENT # STREET ADDRESS NAME FORT, MARY V STREET ADDRESS 100 NORTH OAK AVENUE CITY-ST-ZIP CITY-ST-ZP FT. MEADE FL 33841 DOCUMENT # P92000011240 STREET ADDRESS NAME FORT MANAGEMENT COMPANY, INC. STREET ADDRESS 100 NORTH OAK AVENUE CITY-ST-ZIP CITY-ST-ZP FT. MEADE FL 33841 **BDCUMENT #** STREET ADDRESS NAME STREET ADDRESS CITY-S7-73P CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZP CITY-ST-78 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

FILED

Mar 04, 2004 08:00 AM

12/25/04 1863-533-7191