


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

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000000022**

1. Entity Name  
**6001 F.L.P., A LIMITED PARTNERSHIP**



Principal Place of Business  
**6001 PALMER BLVD.  
SARASOTA FL 34232**

Mailing Address  
**6001 PALMER BLVD.  
SARASOTA FL 34232**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country



MOORE CR2E003 (11/03)

4. FEI Number  
**65-0649515**

Applied For  
Not Applicable

5. Certificate of Status Desired  
**NO**

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ANDERSON, HARRY M  
6001 PALMER BLVD.  
SARASOTA FL 34232**

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. **\$976,945.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	ANDERSON, HARRY M TRUSTEE	STREET ADDRESS	
NAME	6001 PALMER BLVD.	CITY-ST-ZIP	
STREET ADDRESS	SARASOTA FL 34232		
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #	ANDERSON, GAY BEE TRUSTEE	CITY-ST-ZIP	U00000087440
NAME	6001 PALMER BLVD.		03/15/04-80011-011 526.25
STREET ADDRESS	SARASOTA FL 34232		
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  **2/19/04** **941-377-7588**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #