


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 8, 2004**

**FILED**  
**Aug 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000000840**  
1. Entity Name  
**STUBBINS FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**6110 NORTH OCEAN BLVD.  
PELICAN COVE #3  
OCEAN RIDGE, FL 33435**

Mailing Address  
**6110 NORTH OCEAN BLVD.  
PELICAN COVE #3  
OCEAN RIDGE, FL 33435**

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

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

City & State

Zip Country



07162004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**36-4115404**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STUBBINS, HUGH A JR.  
6110 NORTH OCEAN BLVD.  
PELICAN COVE #3  
OCEAN RIDGE, FL 33435**

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. **\$3,960,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 CITY-ST-ZIP	P96000037938 STUCO, INC. 6110 NORTH OCEAN BLVD., PELICAN COVE #3 OCEAN RIDGE, FL 33435	STREET ADDRESS CITY-ST-ZIP	<del>U00000170730 08/23/04 00000 000 526.25</del>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STUBBINS, HUGH A JR. 6110 NORTH OCEAN BLVD., PELICAN COVE #3 OCEAN RIDGE, FL 33435	STREET ADDRESS CITY-ST-ZIP	
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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)(c), 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: *[Signature]* **8-5-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #