

**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

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

07162004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

Applied For

36-4115404

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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 # **P96000037938**
NAME **STUCO, INC.**
STREET ADDRESS **6110 NORTH OCEAN BLVD., PELICAN COVE #3**
CITY-ST-ZIP **OCEAN RIDGE, FL 33435**

STREET ADDRESS
U00000170730
CITY-ST-ZIP
08/23/04 00000 000 526.25

DOCUMENT #
NAME **STUBBINS, HUGH A JR.**
STREET ADDRESS **6110 NORTH OCEAN BLVD., PELICAN COVE #3**
CITY-ST-ZIP **OCEAN RIDGE, FL 33435**

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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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-5-04
Date

Daytime Phone #

STAPLE CHECK HERE