

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

FILED

**-Feb 20, 2004 08:00 AM
Secretary of State**

DOCUMENT # A97000000044 1. Entity Name DICKINSON FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 330 S. PINEAPPLE AVE. #106 SARASOTA FL 34236	Mailing Address 3556 E. FOREST LAKE DRIVE SARASOTA FL 34232
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MOORE CR2E003 (11/03)

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 65-0716575	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent PIPER, ROBERT 330 S. PINEAPPLE AVE., #106 SARASOTA FL 34236	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$1,145,196.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	P96000074652 DICKINSON G.P., INC. ✓ 3556 E. FOREST LAKE DR. SARASOTA FL 34232	STREET ADDRESS CITY - ST - ZIP	U00000082044 03/09/04 80011 814 526:25
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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)(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: *Patrick H. Dickinson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Feb 26 '04 (941) 922-0022
Date Daytime Phone #