

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

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

DOCUMENT # A97000001109
1. Entity Name
ABLEIDINGER FAMILY LIMITED PARTNERSHIP



Principal Place of Business: **4529 CHEVAL BLVD. LUTZ FL 33549**
Mailing Address: **4529 CHEVAL BLVD. LUTZ FL 33549**



MOORE CR2E003 (11/03)

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

4. FEI Number **59-3450672**
Applied For
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

**ABLEIDINGER, ROBERT J
4529 CHEVAL BLVD.
LUTZ FL 33558**

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. **\$1,000.00**

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 #
NAME **ABLEIDINGER, ROBERT J**
STREET ADDRESS **4529 CHEVAL BLVD.**
CITY-ST-ZIP **LUTZ FL 33558**

STREET ADDRESS
CITY-ST-ZIP
**000000090065
03/17/04 80001-007 141.25**

DOCUMENT #
NAME **ABLEIDINGER, SUSAN**
STREET ADDRESS **4529 CHEVAL BLVD.**
CITY-ST-ZIP **LUTZ FL 33558**

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

STAPLE CHECK HERE

SIGNATURE: *Robert J. Ableidinger*

3/4/04

813 948-5473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #