

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002799	
1. Entity Name MITCHELL HOLDINGS, LTD.	

Principal Place of Business 4051 GULF SHORE BLVD. NORTH PH 202 NAPLES, FL 34103	Mailing Address 4051 GULF SHORE BLVD. NORTH PH 202 NAPLES, FL 34103
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04092004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3483010		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BURKE, WILLIAM M ESQ. C/O BOND, SCHOENECK & KING, P.A. 1167 THIRD STREET SOUTH, SUITE 107 NAPLES, FL 34102		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. \$150,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	MITCHELL, GERALD M	STREET ADDRESS	000000131451 04/27/04-800006-003 526.25
NAME	4051 GULF SHORE BLVD. NORTH, PH 202	CITY-ST-ZIP	
STREET ADDRESS	NAPLES, FL 34103		
CITY-ST-ZIP			
DOCUMENT #	MITCHELL, MARILYN E	STREET ADDRESS	
NAME	4051 GULF SHORE BLVD. NORTH, PH 202	CITY-ST-ZIP	
STREET ADDRESS	NAPLES, FL 34103		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
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

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE