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

DOCUMENT # A98000000980

1. Entity Name

EBERWEIN PARKS PARTNERSHIP, LLLP

FILED
04 FEB 11 AM 9:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MOORE CR2E003 (11/03)

Principal Place of Business	Mailing Address
123 WEST KING STREET ORLANDO FL 32804	123 WEST KING STREET ORLANDO FL 32804

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 59-3500833 ☐ Applied For ☐ Not Applicable

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
EBERWEIN, WALLACE P 123 WEST KING STREET ORLANDO FL 32804	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.	$770,000.00	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 #		STREET ADDRESS	
NAME	EBERWEIN, VIRGINIA D TRUSTEE	CITY-ST-ZIP	600029402316
STREET ADDRESS	P.O. BOX 477 N/A		02/25/04--01067--005 **526.25
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		
DOCUMENT #		STREET ADDRESS	
NAME	FOLCARELLI, ELIZABETH E	CITY-ST-ZIP	
STREET ADDRESS	2960 N. TROPICAL TRAIL		
CITY-ST-ZIP	MERRITT ISLAND FL 32952		
DOCUMENT #		STREET ADDRESS	
NAME	EBERWEIN, WALLACE P	CITY-ST-ZIP	
STREET ADDRESS	123 WEST KING STREET		
CITY-ST-ZIP	ORLANDO FL 32804		
DOCUMENT #		STREET ADDRESS	Wise, Rosemary E. (Not a different person: She Remarried)
NAME	~~WYATT,~~ ROSEMARY E	CITY-ST-ZIP	P.O. Box 298476 Wasilla, AK 99629
STREET ADDRESS	~~2403 KATHI-KIM STREET~~		
CITY-ST-ZIP	~~COCOA FL 32926~~		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: Wallace Eberwein Wallace Eberwein 2/4/04 321-432-4751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #