## 2004 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2004**

## Apr 05, 2004 08:00 AM Secretary of State DOCUMENT # A98000002245 DICKS FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 608 FREDRICK AVENUE P.O. DRAWER 1809 DUNDEE, FL 33838 DUNNDEE, FL 33838 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc 01152004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-3538234 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DICKS, RICHARD GARY 608 FREDRICK AVENUE Street Address (P.O. Box Number is Not Acceptable) DUNDEE, FL 33838 City Zip Code 8. The above named ontity 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 Segnature, syceod or prioted name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions \$1,150,000.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY SOCUMENT # STREET ADDRESS NAME DICKS, LEONAS STREET ADDRESS 608 FREDRICK AVENUE City-SI-7IP CITY-ST-ZIP U00000111096 04/13/04-80003-004 526.25 DUNDEE, FL 33838 DOCUMENT A STREET ADDRESS NAME DICKS, RICHARD GARY STREET ADDRESS 608 FREDRICK AVENUE CiTY-51-23P CITY-\$7-23P DUNDEE, FL 33838 DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CRTY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

14. Thereby 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 each; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 20, Florida Statutes

AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

FILED

30 Marioy (863) 439-1141