

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000002573		
1. Entity Name LEWIS FAMILY FARMS PARTNERSHIP, LTD.		

Principal Place of Business RT. 2 BOX 311 ROCKY MOUNT, NC 27801	Mailing Address P.O. BOX 21107 FT. LAUDERDALE, FL 33335-1107
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04212004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0877673	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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STEPHENS, JOHN E 220 SW 32ND STREET FT. LAUDERDALE, FL 33315	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 _____
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9. Capital Contributions as Shown on record \$700,000.00	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 #	P98000076548	STREET ADDRESS	
NAME	LEWIS FARMS, INC.	CITY-ST-ZIP	
STREET ADDRESS	220 S.W. 32ND STREET		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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05/03/04-80036-009 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Stephen R. Lewis</u>	VICE PRESIDENT	4/21/04	954-767-1235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER STEPHEN R. LEWIS		Date	Daytime Phone #

STAPLE CHECK HERE