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

## May 04, 2004 08:00 AM Secretary of State DOCUMENT # A98000002771 1. Entity Name **GLOTFELTY LIMITED PARTNERSHIP** Principal Place of Business Mailing Address 2233 NOTTINGHAM ROAD 2233 NOTTINGHAM ROAD LAKELAND, FL 33803-3523 LAKELAND, FL 33803-3523 2. Principal Place of Business 3. Mailing Address Suite, Apt #. etc Suite, Apt. #, etc. 03302004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-3546804 Not Applicable Zip Country 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 GLOTFELTY, JOHN W Street Address (P.O. Box Number is Not Acceptable) 2233 NOTTINGHAM ROAD LAKELAND, FL 33803-3523 City 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 Signature typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$2,160,000,00 as Shown on record in FLORIDA to date. 826,464.00 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 ADDRESS CHANGES ONLY DOCUMENT# STREET ADDRESS NAME GLOTFELTY, JOHN W STREET ADDRESS 2233 NOTTINGHAM ROAD CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL 338033523 DOCUMENT # STREET ADDRESS NAME GLOTFELTY, BONNIE STREET ADDRESS 2233 NOTTINGHAM ROAD CITY - ST- ZIP CITY-ST-ZIP LAKELAND, FL 338033523 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP DOCUMENT.# STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

**FILED** 

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.

CITY-ST-ZIP

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