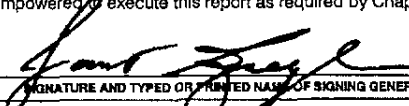


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000000650					
1. Entity Name THE SPEEGLE FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 395 SOUTH RANGE ROAD COCOA, FL 32925			Mailing Address 395 SOUTH RANGE ROAD COCOA, FL 32925		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		City & State	
6. Name and Address of Current Registered Agent WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33316				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 date if applicable					
9. Capital Contributions as Shown on record. \$5,000.00			10. Amount of Capital Contributions 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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SPEEGLE, JAMES T 395 SOUTH RANGE ROAD COCOA, FL 32925		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
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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: 			Date: 4-13-04 Daytime Phone #: 321-632-8164		



04132004 Chg-LP CR2E003 (10/03)

4. FEI Number 58-2548741 **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

STAPLE CHECK HERE