.04 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Feb 11, 2004 08:00 AM Secretary of State

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| E. Name and Address of Current Registered Agent E. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name CUEEN, GARY F 2015 RS 50 SUITE 21 CLEARWATER, FL 33759 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorids. I an familiar with, and accept the obligations of registered agent, upper a primore name of registered agent. SIGNATURE 9. Capital Contributions as Stown on record. SIGNATURE Signature, upper a primore name of registered agent, or both, in the State of Rorids. I an familiar with, and accept the obligations of registered agent, upper a primore name of registered agent. SIGNATURE Signature, upper a primore name of registered agent, or both, in the State of Rorids. I an familiar with, and accept the obligations of registered agent, upper a primore name of registered agent. SIGNATURE Signature, upper a primore name of registered agent. A GENERAL PARTINER THAT I'S 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 filled to change a general partner. 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY 197389 NORTHERN SALINE, INC. SIRELADORSS SIRELADORSS OITY-ST-ZP UNITION WOODOS, MI 48070 UNITION WOODOS, MI 48070 UNITION WOODOS, MI 48070 UNITION ST-ZP UNITION WOODOS, MI 48070 UNITION ST-ZP UNITION WOODOS, MI 48070 UNITION ST-ZP UNITION WOODOS, MI 48070 UNITION WOODOS, MI 48070 UNITION ST-ZP UNITION WOODOS, MI 48070 UN | City & Stat | | City & State | | ı | | | | | |
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| QUEEN, GARY F 2915 SR 590 Street Address (P.O. Box Number Is Not Acceptable) City FL Zp Code 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Floride. I an familiar with, and accept the obligations of registered agent. SIGNATURE Signature, seed or primed name of registered agent, and the projected agent, or both, in the State of Floride. I an familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I an familiar with, and accept the projected agent, or both, in the State of Floride. I an familiar with, and accept the projected agent of the formation of registered agent, or both, in the State of Floride. I an familiar with, and accept the projected agent of the formation of registered agent, or both, in the State of Floride. I an familiar with, and accept the projected agent, or both, in the State of Floride. I an familiar with, and accept the projected agent, or both, in the State of Floride. I an familiar with, and accept the projected agent, or both, in the State of Floride. I an familiar with, and accept the projected agent, or both, in the State of Floride. I an familiar with, and accept the projected agent, or both, in the State of Floride. I an familiar with, and accept the projected agent, or both, in the State of Floride. I an familiar with, and accept the projected agent, or both, in the State of Floride. I an familiar with, and accept the projected agent, or both, in the State of Floride. I an familiar with, and accept the Floride. I an familiar with, and accept the Floride. I an familiar with an accept the Floride. I an familiar wit | | | <u> </u> | | | <u> </u> | | Fe | | |
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| CITY-ST-ZIP CIGNUMENT # NAME STREET ADDRESS CITY-ST-ZIP Therety certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information inclicated on this report is true and accurate and that my signature shall have the same legal effect as if made under path; 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 Gary F. Queen | DOCUMENT# | | | ęтп | FET ANNIESS | | | | | |
| CITY-ST-ZIP CLEARWATER, FL 33759 CITY-ST-ZIP 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 inclicated on this report is true and accurate and that my signature shall have the same legal effect as if made under path; 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 CALY F. QUEEN | NAME | ME QUEEN, GARY F TRUSTEE | | Str | | | | | | |
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