

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A96000000333

1. Entity Name

PEPIN FAMILY LIMITED PARTNERSHIP



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 FEB -2 PM 12:08

Principal Place of Business

140 HAMMOCKS COURT
 WEST PALM BEACH FL 33413

Mailing Address

140 HAMMOCKS COURT
 WEST PALM BEACH FL 33413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0642586

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEPIN, CAROL M
 140 HAMMOCKS COURT
 WEST PALM BEACH FL 33413

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
 as Shown on record.

\$2,015,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

PEPIN, GEORGE E
 140 HAMMOCKS COURT
 WEST PALM BEACH FL 33413

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

PEPIN, CAROL M
 140 HAMMOCKS COURT
 WEST PALM BEACH FL 33413

DOCUMENT #

NAME

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CITY - ST - ZIP

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NAME

STREET ADDRESS

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 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:

Carol M Pepin Carol M Pepin 2/1/04 (561) 793-2443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE