

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVE
AND
FILED

04 APR -2 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000001512

1. Entity Name
ELOISE C. TURNER, LTD.



Principal Place of Business
RT. 20, BOX 196
LAKE CITY, FL 32055

Mailing Address
RT. 20, BOX 196
LAKE CITY, FL 32055

2. Principal Place of Business

252 NW Cali Drive
Suite, Apt. #, etc.

3. Mailing Address

252 NW Cali Drive
Suite, Apt. #, etc.



02102004 Chg-LP CR2E003 (10/03)

City & State
Lake City, FL
Zip 32055 Country USA

City & State
Lake City, FL
Zip 32055 Country USA

4. FEI Number
59-3599430

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRAZIER, W. ROBINSON
1515 RIVERSIDE AVENUE, STE. A
JACKSONVILLE, FL 32204

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. \$81,400.00

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

DOCUMENT # P03000010539
NAME TURNER REALTY MANAGEMENT, INC.
STREET ADDRESS ROUTE 20, BOX 196
CITY-ST-ZIP LAKE CITY, FL 32055

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

600032838886
04/15/04--01021--003 **145.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

600032838886
04/15/04--01021--002 **380.50

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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:

Rebra M. Children

3/5/04

Date

352-381-0222

Daytime Phone #

STAPLE CHECK HERE