2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

STAPLE CHECK HERE

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DOCUMENT # A000000019 1. Entity Name O.M. GRIFFIN FAMILY LIMITED PARTNERSHIP						AUG 12 P	M 12: 42	
Display Display of Day 1					SE(CRETARY OF LAHASSEE, 2	SIAIL	
Principal Place of Business Mailing Address					<u>J</u> ALI	LAHASSEE, 2	FLORIDA -	
13174 HIGHWAY 92 EAST 13174 HIGHWAY 92 EAST			AST					
DOVER, FL 33527 DOVER, FL 33527								
2. Principal Place of Busine	ess	3. Mailing Address						
					1 1861811 1811 84	iili marii malii maiil ma	iri 24(ii 25(i) 82(i) 88	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07012004	Chg-LP	CR2E003 ((10/03)	
City 8 Chate								
City & State					4. FEI Number	440		Applied For
			1		59-3663	142		Not Applicable
Žip	Country	Zip	Country	•	5. Certificate of	Status Desired		.75 Additional
*			L ,					Required
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
Name					wistonbox II Neuman Cas			
GRIFFIN, OSBURN N				Christopher H. Norman, Esq. Street Address (P.O. Box Number is Not Acceptable) 315 South Hyde Park Avenue				
13174 HIGHWAY 92	EAST		'	315 500	th Hyde P	ark Aveni	Ĵe	
DOVER, FL 33527					_·		-	
	4.5							
			(City Tampa,			FL	^Z 33606
P. The chave remed entity	aubesite this statement for	the purpose of phoneins its		raiipa ,				
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.								
	71. m. 110	. 41					0121	n:4 1
SIGNATURE 4 NOOT NOWAL 8/2/04							<u> </u>	
Signature, typed o	or printed name of registered agent an	d title it applicable.					DATE	
9. Capital Contributions as Shown on record. \$3,140,000.00 10. Amount of Capital Contributions in FLORIDA to date. In accordance with s. 607.193(2)(b), F.S. the limited partnership did not receive the prior notice.							.193(2)(b), F.S., not receive the	
A G	ENERAL PARTNER TH	IAT IS A BUSINESS EN	ITITY MUS	T BE REGIST	ERED AND AC	TIVE WITH TH	IIS OFFICE.	
NOTE: General Partners MAY NOT be changed on the form					t must be filed			r.
12.	GENERAL PARTNER	INFORMATION	13.			ADDRESS CH	ANGES ONLY	-
			-	/				
DOCUMENT! OYG	WC .	7	STREET A	ADDRESS				
NAME JA17U	Cost Highwa	492	STREET A	ADDRESS				
NAME STREET ADDRESS	Cast Highwa	442	STREET A	ADDRESS ZIP				
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NAME	Cast Highwood Fr. 13352	7 amench Fled 8-1204	STREET A CITY-ST-		200	10402	26852	o oc oc
STREET ADDRESS 7 CITY-ST-ZIP DOCUMENT #	Cast Highwood Fr. 13352	7 amench Fled 8-1204	CITY-ST-	ZIP	200 - 88/17/8	10402; 1-01009	26852 - 882 ** 5	26. 25
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