


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A00000000066		
1. Entity Name CAPPLEMAN FAMILY LIMITED PARTNERSHIP		

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 19 PM 3:19

Principal Place of Business 14035 FAIR WAY WILLOW LANE WINTER GARDEN, FL 34787	Mailing Address P.O. BOX 771583 WINTER GARDEN, FL 34777
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2. Principal Place of Business 54 W. PLANT ST.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01052004 Chg-LP CR2E003 (10/03)

City & State WINTER GARDEN, FL	City & State
Zip 34787	Country

4. FEI Number 59-3584767	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAPPLEMAN, LAWRENCE E JR. 800 S. DILLARD ST. WINTER GARDEN, FL 34787	
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7. Name and Address of New Registered Agent	
Name LAWRENCE E. CAPPLEMAN, JR.	
Street Address (P.O. Box Number is Not Acceptable) 54 W. PLANT ST.	
City WINTER GARDEN	FL Zip Code 34787

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 <i>Lawrence E. Cappleman, Jr.</i>	DATE

9. Capital Contributions as Shown on record. \$4,500,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	CAPPLEMAN, ANTOINETTE B	STREET ADDRESS	
NAME	27 LERIDA LANE	CITY-ST-ZIP	
STREET ADDRESS	HOT SPRINGS VILLAGE, AR 71909		
CITY-ST-ZIP			
DOCUMENT #	CAPPLEMAN, LAWRENCE E JR.	STREET ADDRESS	
NAME	54 WEST PLANT STREET	CITY-ST-ZIP	
STREET ADDRESS	WINTER GARDEN, FL 34787		
CITY-ST-ZIP			
DOCUMENT #	LADAGE, ANTOINETTE G	STREET ADDRESS	
NAME	410 TATE STREET	CITY-ST-ZIP	
STREET ADDRESS	HENDERSON, TX 75654		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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STAPLE CHECK HERE

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: <i>Lawrence E. Cappleman, Jr.</i>	3/17/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date
	Daytime Phone #