2004 LIMITED PARTNERSHIP ANNUAL REPORT
- Due By May 1, 2004

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000000199

1. Entity Name
ROOD FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
200 PIERCE STREET STE 2B TAMPA, FL 33602	200 PIERCE STREET STE 2B TAMPA, FL 33602
2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03112004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3622891 — 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
ROOD, EDWARD C 200 PIERCE STREET STE 2B TAMPA, FL 33602	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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	$5,063,593.00	10. Amount of Capital Contributions in FLORIDA to date.	5063593 –

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 # NAME STREET ADDRESS CITY-ST-ZIP	ROOD, EDWARD B 200 PIERCE STREET TAMPA, FL 33602	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ROOD, EDWARD C 200 PIERCE STREET TAMPA, FL 33602	STREET ADDRESS CITY-ST-ZIP	U00000160223 05/13/04-80012-014 526.25
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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: ____________________ Edward C. Rood 3-31-04 813-229-6591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #