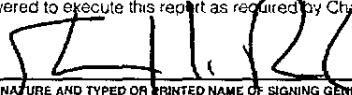


2004 LIMITED PARTNERSHIP ANNUAL REPORT
- Due By May 1, 2004

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

DOCUMENT # A00000000199 1. Entity Name ROOD FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 200 PIERCE STREET STE 2B TAMPA, FL 33602			Mailing Address 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		Country		4. FEI Number 59-3622891	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROOD, EDWARD C 200 PIERCE STREET STE 2B TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
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		
STREET ADDRESS	ROOD, EDWARD B		CITY - ST - ZIP		
CITY - ST - ZIP	200 PIERCE STREET TAMPA, FL 33602				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	ROOD, EDWARD C		CITY - ST - ZIP		
CITY - ST - ZIP	200 PIERCE STREET TAMPA, FL 33602				
DOCUMENT #	NAME		STREET ADDRESS		
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DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER EDWARD C. ROOD		
			Date 3-31-04 Daytime Phone # 813-229-6591		

STAPLE CHECK HERE