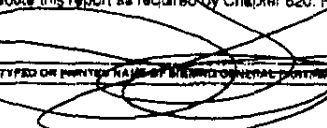


FILED**May 06, 2004 08:00 AM**
Secretary of State**2004 LIMITED PARTNERSHIP ANNUAL REPORT**
Due By May 1, 2004

DOCUMENT # A0000000245			
1. Entity Name OFFER FAMILY PARTNERSHIP, LTD.			
Principal Place of Business 4010 BOY SCOUT BOULEVARD, SUITE 700 TAMPA, FL 33607		Mailing Address 4010 BOY SCOUT BOULEVARD, SUITE 700 TAMPA, FL 33607	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent OFFER, FRANK J III 4010 BOY SCOUT BOULEVARD, SUITE 700 TAMPA, FL 33607		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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	
9. Capital Contributions as Shown on record \$1,500,000.00		10. Amount of Capital Contributions as of Florida to date 1,500,000.00	
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	
NAME	OFFER, FRANK J III	CITY-ST-ZIP	
STREET ADDRESS	4010 BOY SCOUT BOULEVARD, SUITE 700		
CITY-ST-ZIP	TAMPA, FL 33607		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MCCARTHY, SHARON M	CITY-ST-ZIP	
STREET ADDRESS	5819 HOLLAND AIRE DRIVE		
CITY-ST-ZIP	BOCA RATON, FL 33433		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	TAYLOR, JULIE A	CITY-ST-ZIP	
STREET ADDRESS	780 PROVIDENCE DRIVE		
CITY-ST-ZIP	LAWRENCEVILLE, GA 30044		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: 		DATE 4/30/04	
SIGNATURE AND TYPED OR PRINTED NAME OF LIMITED OR GENERAL PARTNER		Date	



04062004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3632903Applied For
Not Applicable6. Certificate of Status Desired ☐ \$8.75 Additional
Fee RequiredU00000159938
05/13/04 00001 003 526.25

STAPLE CHECK HERE