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

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A00000000245

1. Entity Name
OFFER FAMILY PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
4010 BOY SCOUT BOULEVARD, SUITE 700 TAMPA, FL 33607	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

04062004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3632903 ☐ 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
OFFER, FRANK J III 4010 BOY SCOUT BOULEVARD, SUITE 700 TAMPA, FL 33607	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 X _____ DATE
Signature, typed or printed name of registered agent and date signature.

9. Capital Contributions as Shown on record	$1,500,000.00	10. Amount of Capital Contributions in 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 #		STREET ADDRESS	
NAME	OFFER, FRANK J III	CITY-ST-ZIP	U00000159938 05/13/04 00001 003 526.25
STREET ADDRESS	4010 BOY SCOUT BOULEVARD, SUITE 700		
CITY-ST-ZIP	TAMPA, FL 33607		
DOCUMENT #		STREET ADDRESS	
NAME	MCCARTHY, SHARON M	CITY-ST-ZIP	
STREET ADDRESS	6819 HOLLANDAIRE DRIVE		
CITY-ST-ZIP	BOCA RATON, FL 33433		
DOCUMENT #		STREET ADDRESS	
NAME	TAYLOR, JULIE A	CITY-ST-ZIP	
STREET ADDRESS	780 PROVIDENCE DRIVE		
CITY-ST-ZIP	LAWRENCEVILLE, GA 30044		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: X _____ 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL GENERAL PARTNER — Date — Daytime Phone #