

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**DOCUMENT # A00000000414**  
1. Entity Name  
**LISA ANN ROHDE HARRIS, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 12 AM 10:38

Principal Place of Business: **3554 FRIARS COVE ROAD  
ST. CLOUD FL 34772**  
Mailing Address: **3554 FRIARS COVE ROAD  
ST. CLOUD FL 34772**



MOORE CR2E003 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

4. FEI Number: **80-0029353**  
Applied For:  Not Applicable

Zip: Zip Country: Country

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**LOWMAN, WILLIAM R JR.  
1000 LEGION PLACE, SUITE 1700  
ORLANDO FL 32801**

**7. Name and Address of New Registered Agent**  
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: **\$10,000.00**

10. Amount of Capital Contributions in FLORIDA to date: \_\_\_\_\_

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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**

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
P03000128842	LISA ANN ROHDE HARRIS, INC.	3554 FRIARS COVE ROAD	ST. CLOUD FL 34772

**13. ADDRESS CHANGES ONLY**

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:** *Lisa R. Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **4/9/04** Daytime Phone #: **407-892-7135**