

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000000475	
1. Entity Name LECHNER FAMILY LIMITED PARTNERSHIP, LTD.	



Principal Place of Business 1810 SEVILLA BLVD., CONDO 104 ATLANTIC BEACH, FL 32223	Mailing Address 1810 SEVILLA BLVD., CONDO 104 ATLANTIC BEACH, FL 32223
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



03072004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3633188	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PHILLIPS, STEPHEN L. 3560 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250	
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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. \$4,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 4,000,000
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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 #	L00000002930	STREET ADDRESS	
NAME	LECHNER FAMILY, LLC	CITY-ST-ZIP	
STREET ADDRESS	1810 SEVILLA BLVD., CONDO 104		
CITY-ST-ZIP	ATLANTIC BEACH, FL 32223		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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04/05/04-80066-017 526.25

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: <i>Robert C. Lechner</i>	DATE	Daytime Phone #
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STAPLE CHECK HERE