

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000000537		
1. Entity Name TODIWAY PARTNERS, LTD.		

Principal Place of Business 1910 SAN MARCO BLVD. JACKSONVILLE, FL 32207	Mailing Address 1910 SAN MARCO BLVD. JACKSONVILLE, FL 32207
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
Zip	Country	Zip	Country

01052004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3634591	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DAVIS, T. WAYNE JR. 1910 SAN MARCO BLVD. JACKSONVILLE, FL 32207	
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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.

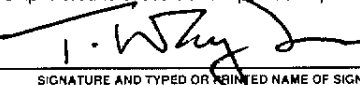
9. Capital Contributions as Shown on record \$1,031,000.00	10. Amount of Capital Contributions in FL ORIDA to date 1,031,000.00
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000030666	STREET ADDRESS	
NAME	WADA, INC.	CITY - ST - ZIP	
STREET ADDRESS	1910 SAN MARCO BLVD.		
CITY - ST - ZIP	JACKSONVILLE, FL 32207		
DOCUMENT #		STREET ADDRESS	000000159570
NAME		CITY - ST - ZIP	05/10/04-80036-002 526.25
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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:  **4/20/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #