

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 APR -5 AM 10:42



**DOCUMENT # A00000000703**

1. Entity Name  
 CESSNA FAMILY PARTNERSHIP LTD.

Principal Place of Business  
 5551 RIDGEWOOD DR., STE 501  
 NAPLES, FL 34108

Mailing Address  
 5551 RIDGEWOOD DR., STE 501  
 NAPLES, FL 34108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092004 Chg-LP CR2E003 (10/03)

4. FEI Number  
 59-3658804

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

BRADLEY, TODD L  
 5551 RIDGEWOOD DR, STE 501  
 NAPLES, FL 34108

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
 as Shown on record. \$5,813,325.00

10. Amount of Capital Contributions  
 in FLORIDA to date.

**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 # P00000035740  
 NAME SCHANCK EQUITIES GROUP, INC.  
 STREET ADDRESS 5551 RIDGEWOOD DR., #501  
 CITY-ST-ZIP NAPLES, FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

000032961000  
 04/16/04--01038--021 \*\*437.50

000032961000  
 04/16/04--01038--022 \*\*88.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sally Schanck Sally Schanck

1-26-04

Date

Daytime Phone #

STAPLE CHECK HERE