

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Aug 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000000830

1. Entity Name
PAUL DAVID, JR. FAMILY LIMITED PARTNERSHIP



Principal Place of Business
8410 S.E. 7TH AVENUE ROAD
OCALA, FL 34480

Mailing Address
8410 S.E. 7TH AVENUE ROAD
OCALA, FL 34480



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
51-0422152

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DAVID JR, PAUL
8410 S.E. 7TH AVENUE ROAD
OCALA, FL 34480

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. **\$2,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
DAVID JR, PAUL
8410 SE 7TH AVE, ROAD
OCALA, FL

STREET ADDRESS
 CITY - ST - ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
DAVID, FRANCES B
8410 SE 7TH AVE, ROAD
OCALA, FL

STREET ADDRESS
 CITY - ST - ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

STREET ADDRESS
 CITY - ST - ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

STREET ADDRESS
 CITY - ST - ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

STREET ADDRESS
 CITY - ST - ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

STREET ADDRESS
 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

7-6-04