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

Feb 05, 2004 08:00 AM Secretary of State DOCUMENT # A00000000912 1. Entity Name THE GEORGE C. PECK, SR. FAMILY LIMITED **PARTNERSHIP** Principal Place of Business Mailing Address 14907 TURTLE BEACH ROAD 11907 TURTLE BEACH ROAD NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E003 (11/03) City & State City & State Applied For 4. FEI Number 52-2285801 Not Applicable Zip Country Zıp Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PROSNER, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 4420 BEACON CIRCLE SUITE 100 WEST PALM BEACH FL 33407 City 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. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE as Shown on record. in FLORIDA to date. 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 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME PECK, GEORGE C SR STREET ADDRESS 11907 TURTLE BEACH ROAD CITY -ST - ZIP CITY-ST-ZIP NORTH PALM BEACH FL 33408 000000070588 02/23/04-80028-004 141.25 DOCUMENT # STREET ADDRESS NAME PECK, CATHERINE M STREET ADDRESS 11907 TURTLE BEACH ROAD CITY-ST-ZIP CITY - ST - ZIP NORTH PALM BEACH FL 33408 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **£**00CUMENT **≱** STREET ADDRESS NAME STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP rereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes | further certify that the information dicated 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 e receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

FILED

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