## 2004 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A0000001060

Entity Name: HOBBS FAMILY PARTNERSHIP, LLLP

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7235 OLD CHEMONIE CT.
TALLAHASSEE, FL 32312
7235 OLD CHEMONIE CT.
TALLAHASSEE, FL 32309 US

Current Mailing Address: New Mailing Address:

7235 OLD CHEMONIE CT. 7235 OLD CHEMONIE CT. TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32309

FEI Number: 59-3658515 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOBBS, WILLIAM MHOBBS, WILLIAM M7235 OLD CHEMONIE CT.7235 OLD CHEMONIE CT.TALLAHASSEE, FL 32312TALLAHASSEE, FL 32309

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.

SIGNATURE: 04/30/2004

Electronic Signature of Registered Agent Date

Capital Contributions as Shown on record: 2,500,000.00

Amount of Capital Contributions in Florida to date: 1,800,000.00

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #:

Name: HOBBS, PATRICIA M TRUSTEE

Address: 7235 OLD CHEMONIE CT. Address:

City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32309

Document #:

Name: HOBBS, WILLIAM M TRUSTEE

 Address:
 7235 OLD CHEMONIE CT.
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32312
 City-St-Zip:

Document #:

Name: HOBBS, WILLIAM M

Address: 375 ROB ROY TRAIL
City-St-Zip: TALLAHASSEE, FL 32312
Address: 7235 OLD CHEMONIE COURT
City-St-Zip: TALLAHASSEE, FL 32309
TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM M. HOBBS 04/30/2004