

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

**DOCUMENT # A00000001067**

1. Entity Name

**KELLY FAMILY LIMITED PARTNERSHIP**



Principal Place of Business

**4835 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228**

Mailing Address

**4835 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228**

2. Principal Place of Business

**101 LITTLE ASTON**

3. Mailing Address

**101 LITTLE ASTON**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WILLIAMSBURG VIRGINIA**

City & State

**WILLIAMSBURG VIRGINIA**

Zip

**23188**

Country

**USA**

Zip

**23188**

Country

**USA**

4. FEI Number **65-1035152**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KELLY, JOSEPH H  
4835 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228**

**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

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

DATE

9. Capital Contributions  
as Shown on record.

**\$20,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$1,257,766**

**11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE  
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**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**KELLY, JOSEPH H  
4835 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**KELLY, MARIANNE T  
4835 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS  
CITY-ST-ZIP  
**101 LITTLE ASTON  
WILLIAMSBURG, VA. 23188**

STREET ADDRESS  
CITY-ST-ZIP  
**101 LITTLE ASTON  
WILLIAMSBURG, VA. 23188**

STREET ADDRESS  
CITY-ST-ZIP  
**000036060010  
05/11/04--01041--011 \*\*526.25**

STREET ADDRESS  
CITY-ST-ZIP

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**April 16, 2004 757-258-3730**

Date

Daytime Phone #

STAPLE CHECK HERE