

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

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001196

1. Entity Name

RUBYNELLE PLUMLEE LIMITED PARTNERSHIP



Principal Place of Business
**7711 HOLIDAY DR.
SARASOTA FL 34231**

Mailing Address
**7711 HOLIDAY DR.
SARASOTA FL 34231**



MOORE CR2E003 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

4. FEI Number

65-1035544

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

**COLGATE, KIMBERLY A
7711 HOLIDAY DRIVE
SARASOTA FL 34231**

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.

\$1,386,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,107,386.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**PLUMLEE, RUBYNELLE
5140 BLAUROCK PLACE
SARASOTA FL 34232**

STREET ADDRESS

CITY - ST - ZIP

**1100000159196
05/10/04-80013-018 526.25**

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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:

Rubynelle Plumlee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03-29-04 941-927-2996

Date

Daytime Phone #

STAPLE CHECK HERE