


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001271 1. Entity Name ROBERT H. LANE AND MADELINE R. LANE FAMILY LIMITED PARTNERSHIP		
Principal Place of Business 24 OSPREY VILLAGE DRIVE AMELIA ISLAND, FL 32034		

Mailing Address 24 OSPREY VILLAGE DRIVE AMELIA ISLAND, FL 32034	
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2. Principal Place of Business		3. Mailing Address	
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	
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City & State		City & State	
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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LANE, ROBERT H 24 OSPREY VILLAGE DRIVE AMELIA ISLAND, FL 32034		Name Street Address (P.O. Box Number is Not Acceptable) City	
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FL Zip Code	
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B. 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.	
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable		DATE	
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9. Capital Contributions as Shown on record. \$3,500,000.00		10. Amount of Capital Contributions in FLORIDA to date	
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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.			
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12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
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DOCUMENT #	P00000071900	STREET ADDRESS	000000111604
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NAME	LANE FAMILY ENTERPRISES, INC.	CITY-ST-ZIP	04/13/04 80026-004 526.25
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STREET ADDRESS	24 OSPREY VILLAGE DRIVE		
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CITY-ST-ZIP	AMELIA ISLAND, FL 32034		
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DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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			
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SIGNATURE: <i>Robert H. Lane</i> (ROBERT H. LANE)		Date: 3/31/04	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	
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\$526.25 Check # 423



02272004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-7187605

Applied For
 Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

B. 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

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10. Amount of Capital Contributions in FLORIDA to date

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SIGNATURE: *Robert H. Lane* (ROBERT H. LANE)

Date: 3/31/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

STAPLE CHECK HERE