


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

8535

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001272 1. Entity Name JOYCE C. BOLLES FAMILY LIMITED PARTNERSHIP					
Principal Place of Business BOLLES-HOUSE, INC./JOYCE C. BOLLES 1921 LONG BOAT DRIVE LAKELAND FL 33810			Mailing Address BOLLES-HOUSE, INC./JOYCE C. BOLLES 1921 LONG BOAT DRIVE LAKELAND FL 33810		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-2565064 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BOLLES-HOUSE, INC. ATTN: JOYCE C. BOLLES 1921 LONG BOAT DRIVE LAKELAND FL 33810	
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 _____ DATE _____	
9. Capital Contributions as Shown on record. \$1,070,927.00		10. Amount of Capital Contributions in FLORIDA to date.		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 #	P00000049606		STREET ADDRESS		
NAME	BOLLES-HOUSE, INC.		CITY-ST-ZIP		
STREET ADDRESS	1921 LONG BOAT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33810		CITY-ST-ZIP		
DOCUMENT #	BOLLES, JOYCE C		STREET ADDRESS		
NAME	1921 LONG BOAT DRIVE		CITY-ST-ZIP		
STREET ADDRESS	LAKELAND FL 33810		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



MOORE CR2E003 (11/03)

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Joyce C. Bolles* General Partner 4/4/03 (863) 858-9786
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #