

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 MAY 27 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05202004 Chg-LP CR2E003 (10/03)

DOCUMENT # A00000001342 1. Entity Name JOHN R. AND SALLY S. KRAMER FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 12620 COLLIER'S RESERVE DRIVE NAPLES, FL 34110			Mailing Address 12620 COLLIER'S RESERVE DRIVE NAPLES, FL 34110		
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 59-3686579				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSS, JEREMY P C/O BUSH ROSS P.A. 220 SOUTH FRANKLIN STREET TAMPA, FL 33602			7. Name and Address of New Registered Agent Name John R. Kramer Street Address (P.O. Box Number is Not Acceptable) 12620 Collier's Reserve Dr City Naples FL Zip Code 34110		
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 <u><i>John R. Kramer</i></u> DATE <u>5/22/04</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$550,000.00		10. Amount of Capital Contributions in FLORIDA to date. 175,976			
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		
STREET ADDRESS	12620 COLLIER'S RESERVE DRIVE		CITY-ST-ZIP		
CITY-ST-ZIP	NAPLES, FL 34110				
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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)(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: <u><i>John R. Kramer</i></u>			Date <u>5/22/04</u>		Daytime Phone # <u>239-593-0748</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE