


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

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A0000001545</b> 1. Entity Name <b>MATSCO FAMILY LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>5081 HANCOCK RD SOUTHWEST RANCHES FL 33330</b>	Mailing Address <b>5081 HANCOCK RD SOUTHERN RANCHES FL 33330</b>
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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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MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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<b>WHEELER, RODNEY SCOTT 5081 HANCOCK RD SOUTHWEST RANCHES FL 33330</b>	Name Street Address (P.O. Box Number is Not Acceptable) City
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$2,300,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>1,000.00</b>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000091252	STREET ADDRESS	
NAME	MATSCO, CORP.	CITY - ST - ZIP	
STREET ADDRESS	5081 HANCOCK RD		
CITY - ST - ZIP	SOUTHWEST RANCHES FL 33330		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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)(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:**  **SCOTT WHEELER General Partner**

**2/2/07 305-556-2533**

STAPLE CHECK HERE