


'2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001793 1. Entity Name RITA F. BROWN FAMILY LIMITED PARTNERSHIP	
---	---

Principal Place of Business 2716 DEER BERRY COURT LONGWOOD, FL 32779	Mailing Address 2716 DEER BERRY COURT LONGWOOD, FL 32779
--	--

2. Principal Place of Business Suite, Apt. # etc.	3. Mailing Address Suite, Apt. #, etc.
--	---

City & State	City & State
Zip	Country

03272004 Chg-LP CR2E003 (10/03)

4. FEI Number 91-2036714	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, RITA F
2716 DEER BERRY COURT
LONGWOOD, FL 32779**

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

Signature typed in block in name of registered agent and file number

DATE

9. Capital Contributions
as Shown on record. **\$1,400,000.00**

10. Amount of Capital Contributions
in FLORIDA to date **\$1,400,000.-**

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

DOCUMENT #	
NAME	BROWN, RITA F
STREET ADDRESS	2716 DEER BERRY COURT
CITY-ST-ZIP	LONGWOOD, FL 32779

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**U000000160784
05/18/04-80001-018 526.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-4-04 407-444-5667

STAPLE CHECK HERE