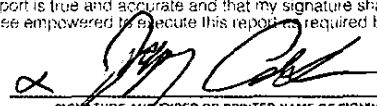


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 14 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000001797					
1. Entity Name ADKINS HOLDINGS, LTD.					
Principal Place of Business 790 ANDREWS AVE., APT. 106C DELRAY BEACH, FL 33483			Mailing Address 790 ANDREWS AVE., APT. 106C DELRAY BEACH, FL 33483		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
5. Certificate of Status Desired ☐				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADKINS, MARTHA 790 ANDREWS AVE., APT. 106C DELRAY BEACH, FL 33483				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 _____ Signature: typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$3,600,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
IF 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 #	L00000008293		STREET ADDRESS		
NAME	M & J ADKINS, LLC		CITY- ST- ZIP		
STREET ADDRESS	790 ANDREWS AVE., APT. 106C				
CITY- ST- ZIP	DELRAY BEACH, FL 33483				
DOCUMENT #			STREET ADDRESS	300037679413	
NAME			CITY- ST- ZIP	05/07/04--61005-007 44526.25	
STREET ADDRESS					
CITY- ST- ZIP					
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CITY- ST- ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			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: 			4/13/04 521395888		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE