

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 27, 2004 08:00 AM
Secretary of State

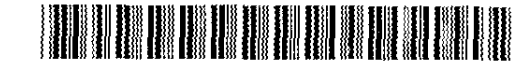
DOCUMENT # A00000002026	
1. Entity Name REDD FAMILY PARTNERSHIP, LLLP	



Principal Place of Business 2727 APALACHEE PARKWAY TALLAHASSEE, FL 32301	Mailing Address 2727 APALACHEE PARKWAY TALLAHASSEE, FL 32301
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2. Principal Place of Business Suite, Apt #, etc	3. Mailing Address Suite, Apt #, etc
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City & State	City & State
Zip	Country



04202004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3688216	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REDD, HARRY L 2727 APALACHEE PARKWAY TALLAHASSEE, FL 32301

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 or printed name of registered agent and title if applicable	DATE _____
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9. Capital Contributions as Shown on record. \$1,535,856.00	10. Amount of Capital Contributions in FLORIDA to date. 1,535,856
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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 #	NAME	STREET ADDRESS	
NAME	REDD, H. O	CITY- ST- ZIP	
STREET ADDRESS	7115 BLOUNTSTOWN HIGHWAY		
CITY- ST- ZIP	TALLAHASSEE, FL 32310		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
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STREET ADDRESS			
CITY- ST- ZIP			

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05/03/04-80091-019-526.25

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)(f), 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: X A O R E D D	4-23-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date