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

SIGNATURE:

## Apr 21, 2004 08:00 AM Secretary of State **DOCUMENT # A00000002028** NORRIE INVESTMENTS, LTD. Principal Place of Business Mailing Address 8972 BAYWOOD PARK DR. 8972 BAYWOOD PARK DR. SEMINOLE, FL 33777 SEMINOLE, FL 33777 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt, #, etc. 04182004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-3691987 Not Applicable Zıp Country $Z_{ip}$ Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NORRIE, JOHN B Street Address (P.O. Box Number is Not Acceptable) **2181 34TH WAY NORTH** LARGO, FL 33771 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 9. Capital Contributions 10. Amount of Capital Contributions \$99.00 as Shown on record in FLORIDA to date. 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME NORRIE, JOHN B STREET ADDRESS 8972 BAYWOOD PARK DR. CHY-ST-ZIP CITY-ST-ZIP SEMINOLE, FL 33777 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 00C3MENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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

AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**FILED**