

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 30 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000094

1. Entity Name
DRIVE-IN INVESTORS I, LTD.



Principal Place of Business
9439 FOREST CITY ROAD
ALTAMONTE SPRINGS, FL 32714

Mailing Address
9439 FOREST CITY ROAD
ALTAMONTE SPRINGS, FL 32714



2. Principal Place of Business
9439 FOREST CITY COVE

3. Mailing Address
9439 FOREST CITY COVE

Suite, Apt. #, etc.

SUITE 3

Suite, Apt. #, etc.

SUITE 3

04192004

Chg-LP

CR2E003 (10/03)

City & State
ALTAMONTE SPRINGS, FL

City & State
ALTAMONTE SPRINGS, FL

4. FEI Number
59-3712468

Applied For
Not Applicable

Zip
32714

Country
USA

Zip
32714

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARTMAN, JAMES A ESQ.
9439 FOREST CITY ROAD
ALTAMONTE SPRINGS, FL 32714

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

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

10. Amount of Capital Contributions
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

DOCUMENT #
NAME
HARTMAN, JAMES A
STREET ADDRESS
9439 FOREST CITY ROAD
CITY-ST-ZIP
ALTAMONTE SPRINGS, FL 32714

13. ADDRESS CHANGES ONLY

STREET ADDRESS
9439 FOREST CITY COVE, SUITE 3
CITY-ST-ZIP
ALTAMONTE SPRINGS FL 32714

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

000036482760
05/14/04--01060--014 **141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

Handwritten signature

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 #

4-20-04

907-445-7235

STAPLE CHECK HERE