

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000000097			
1. Entity Name NKST FAMILY LIMITED PARTNERSHIP, LLLP			
Principal Place of Business 220 E MAIN ST BARTOW FL 33830		Mailing Address P.O. BOX 1382 BARTOW FL 33831	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3693429		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NELLE KENNEDY STUART TERRY 220 E MAIN ST BARTOW FL 33830		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. \$2,500,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$150,000.00	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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	NELLE KENNEDY STUART TERRY	CITY-ST-ZIP	
STREET ADDRESS	220 EAST MAIN ST.		
CITY-ST-ZIP	BARTOW FL 33830		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	FLEETWOOD TAIT LANE, JR.	CITY-ST-ZIP	
STREET ADDRESS	2201 CUMBERLAND AVE.		
CITY-ST-ZIP	CHARLOTTE NC 28203		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	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			
Nelle Kennedy Stuart Terry, General Partner			
SIGNATURE: 		3/30/04 863/533-4196	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			



MOORE CR2E003 (11/03)

STAPLE CHECK HERE