

# 2004 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A01000000160

FILED  
Apr 29, 2004  
Secretary of State

**Entity Name:** WCA FAMILY LIMITED PARTNERSHIP, LLLP

**Current Principal Place of Business:**

1805 COPELAND ST., FIRST FLOOR  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

1805 COPELAND ST., FIRST FLOOR  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number:** 59-3727978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARHAM, WILLIAM H JR  
1805 COPELAND ST., FIRST FLOOR  
JACKSONVILLE, FL 32204

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Capital Contributions as Shown on record:** 42,500.00

**Amount of Capital Contributions in Florida to date:** 0.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: PARHAM, WILLIAM H JR.

Address: 1805 COPELAND ST., FIRST FLOOR

City-St-Zip: JACKSONVILLE, FL 32204

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM H. PARHAM, JR.

GP

04/29/2004

Electronic Signature of Signing General Partner

Date