## **2004 LIMITED PARTNERSHIP ANNUAL REPORT**

## **FILED** Due By May 1, 2004 Apr 30, 2004 08:00 AM Secretary of State DOCUMENT # A0100000308 FARMERS REALTY LIMITED PARTNERSHIP Principal Place of Business Mailing Address % HENDERSON KEASLER LAW FIRM % HENDERSON KEASLER LAW FIRM 4309 PABLO OAKS COURT, SUITE 5 4309 PABLO OAKS COURT, SUITE 5 JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224 3. Mailing Address 2. Principal Place of Business Suite, Apl. #, etc. Suite, Apt. #, etc. 04162004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 65-1023858 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEASLER, FRANK R JR Street Address (P.O. Box Number is Not Acceptable) 4309 PABLO OAKS COURT, SUITE 5 JACKSONVILLE, FL 32224 City 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 of profest name of registered agent and title disposable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$500,000.00 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY N/A DOCHMENT # STREET AUDRESS NAMI ST. AUGUSTINE LAND TRUST STREET LANDINGSS 4309 PABLO OAKS COURT, SUITE 5 GITY - ST - ZIP CITY ST ZIP JACKSONVILLE, FL 32224 U00000158575 DOCUMENT # STREET ADDRESS 05/07/04-80027-013 526.25 NAME STREET ADDRESS CHY ST-7IP CITY ST ZIP DOCUMENT # STREET AUDRESS STREET ADDRESS CITY SI-ZIP CHY-ST-7P DOCUMENT # SIRFE LADDRESS NAME STREET ADDRESS CHTY ST ZIF CITY ST ZIP DOCHMENT #

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. If further certify that the information indicated on this report is true and accurate and that my sufnature 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 empewered to execute this report as required by Chapter 620. Florida Statutes

CHY ST ZP

STREET ADDRESS

CUTY SE ZIP

STREET ADDRESS

**SIGNATURE** 

NAME STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP EGCRMENT #

CITY ST ZIP

FRANK R. KEASLER, JR. TS TRUSTEE

904/992-6949