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

## Feb 16, 2004 08:00 AM Secretary of State DOCUMENT # A01000000330 1. Entity Name BRIAN V. CROSS FAMILY PARTNERSHIP, LTD. Principal Place of Business Mailing Address 11075 CONISTON WAY WINDERMERE FL 34876 11075 CONISTON WAY WINDERMERE FL 34876 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E003 (11/03) 4. FEI Number City & State City & State Applied For 59-3708149 Not Applicable Ζip 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 CROSS, BRIAN V Street Address (P.O. Box Number is Not Acceptable) 11075 CONISTON WAY WINDERMERE FL 34876 Zip Code City 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 Signalure, typed or printed name of registered agent and life if applicable 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,482,883.88 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ÁDDRESS CHANGES ONLY 12 13. DOCUMENT # P00000086649 STREET ADDRESS NAME A.I.J. & B., INC. 11075 CONISTON WAY STREET ADDRESS City -St- 7IP UUUUUUUE9536 CITY-ST-ZIP WINDERMERE FL 34876 <del>02/28/04 80003 018 528,25</del> DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ANDRESS NAME STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI 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 eath, 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

**FILED**