2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A0100000355 FEAGLE FAMILY LIMITED PARTNERSHIP 04 MAR -8 PM 4: 03 Principal Place of Business Mailing Address 101 EAST MADISON STREET POST OFFICE BOX 1653 LAKE CITY, FL 32056-1653 LAKE CITY, FL 32056-1653 2. Principal Place of Business 3. Mailing Address 153 NE Madison St. Suite, Apt. #, etc. Suite, Apt. #, etc. 01262004 Chg-LP CR2E003 (10/03) Applied For City & State City & State 4. FEI Number Lake City, FL 59-3707103 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 32055 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Marlin M. Feagle FEAGLE, MARLIN M Street Address (P.O. Box Number is Not Acceptable) 153 NE Madison Street 101 EAST MADISON STREET LAKE CITY, FL 32056-1653 Lake City Zip Code 32055 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 DATE 9. Capital Contributions 10. Amount of Capital Contributions \$125,000.00 in FLORIDA to date. as Shown on record. 125,000.00 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. DOCUMENT # STREET ADDRESS 153 NE Madison Street NAME FEAGLE, MARLIN M STREET ADDRESS 101 EAST MADISON STREET CITY+SI-7IP Lake City, Florida 32055 LAKE CITY, FL 320561653 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME <u>900031182559</u> STREET ADDRESS 03/25/04--01026--021 CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP

4. 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

CHECK

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING GENERAL PARTNER

Marlin M. Feagle

01/27/04 386/752-7191

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