## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## **DOCUMENT # A01000000672** OLMAY 28 PM I: 08 TELFORD HOLDINGS LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3666B CLUBHOUSE DR 3666B CLUBHOUSE DR GREEN COVE SPRINGS, FL 32043 GREEN COVE SPRINGS, FL 32043 3. Mailing Address 2. Principal Place of Business 179 PARKSIDE Suite, Apt. #, etc. Suite, Apt. #, etc. 02232004 Chg-LP CR2E003 (10/03) Applied For City & State 4. FEI Number City & State 31-1773855 Not Applicable フィートもいらいられれる Zìp Country \$8.75 Additional Country 5. Certificate of Status Desired 7095 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MERCIER, LEE F ESQ 200 W FORSYTH ST **SUITE 1100** JACKSONVILLE, FL 32202 Zip Code 32.095 City C しらしらさしん 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 4 ed agent and title if applicable 10. Amount of Capital Contributions 9. Capital Contributions \$26.268.00 in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT # STREET ADDRESS NAME POTTER, NANCY T 3666B CLUBHOUSE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 200037869422 /////4-01031--06 \*\*27 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHCK NAME STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP щ DOCUMENT # STREET ADDRESS 11. NAME STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP 14. It hereby certify that the information supplied with this filling 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: Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED