2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000000693

1. Entity Name
THE FRICKE FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
253 BAREFOOT BEACH BOULEVARD, PH-01 BONITA SPRINGS, FL 34134	2301 BYRD STREET RALEIGH, NC 27608

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07162004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-6365524 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUCKEL, ROBERT M ESQ. 5801 PELICAN BAY BOULEVARD, SUITE 300 NAPLES, FL 34108	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	$8,000,000.00	10. Amount of Capital Contributions 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.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT #		STREET ADDRESS	
NAME	FRICKE, RICHARD J		
STREET ADDRESS	27 GOVERNOR STREET	CITY-ST-ZIP	
CITY-ST-ZIP	RIDGEFIELD, CT 06877		
DOCUMENT #		STREET ADDRESS	
NAME	FRICKE, DAVID R		U00000168078
STREET ADDRESS	2301 BYRD STREET	CITY-ST-ZIP	07/23/04-80008-022 926.25
CITY-ST-ZIP	RALEIGH, NC 27608		
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STAPLE CHECK HERE

14. 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: David R. Fricke, general partner DAVID R. FRICKE 7/5/04 919-787-1458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #