

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

FILED

04 MAY 11 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A0100000784**  
1. Entity Name  
EPS-FLORIDA FINANCIAL, LIMITED PARTNERSHIP



Principal Place of Business  
900 SIXTH AVENUE SOUTH, SUITE 204  
NAPLES, FL 34102

Mailing Address  
900 SIXTH AVENUE SOUTH, SUITE 204  
NAPLES, FL 34102



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

02192004 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-3724625

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

**6. Name and Address of Current Registered Agent**  
SHUMAKE, JIM D  
900 SIXTH AVENUE SOUTH, SUITE 204  
NAPLES, FL 34102

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable.

9. Capital Contributions as Shown on record. *9,843,669*

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**

DOCUMENT #	P01000050942
NAME	PACKAGING-FLORIDA FINANCIAL CORPORATION
STREET ADDRESS	900 SIXTH AVENUE SOUTH, SUITE 204
CITY-ST-ZIP	NAPLES, FL 34102
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

800036068478  
05/11/04-01080-000 \*\*526.25

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: *T.W. Drake CFO* T.W. DRAKE *3/12/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE