


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

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01003000877</b> 1. Entity Name <b>LEONARD ENTERPRISES, LTD.</b>	
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Principal Place of Business <b>PO BOX 368 BLOUNTSTOWN FL 32424</b>	Mailing Address <b>PO BOX 368 BLOUNTSTOWN FL 32424</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-3749438</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>LEONARD, BURKE H 1701 PEAR ST BLOUNTSTOWN FL 33424</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.
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SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	DATE <b>3-29-04</b>
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9. Capital Contributions as Shown on record. <b>\$6,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>
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<b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>
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12. GENERAL PARTNER INFORMATION DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP <b>LEATH, MARTHA H 1701 PEAR ST BLOUNTSTOWN FL 33424</b>
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13. ADDRESS CHANGES ONLY STREET ADDRESS CITY - ST - ZIP <b>U00000104681 04/06/04 00022 010 526.25</b>
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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
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<b>SIGNATURE:</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
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MOORE CR2E003 (11/03)

59-3749438 Applied For Not Applicable

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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE