

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

**DOCUMENT # A01000001045**

**1. Entity Name**  
**STUMPF FAMILY LIMITED PARTNERSHIP**



**Principal Place of Business**  
 2727 N. HIGHWAY A1A  
 APT. #502  
 INDIALANTIC, FL 32903

**Mailing Address**  
 7620 MASSACHUSETTS AVENUE  
 NEW PORT RICHEY, FL 34653

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02172004

Chg-LP

CR2E003 (10/03)

**4. FEI Number**  
 59-3734906

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**

GILMORE, DAVID C  
 7620 MASSACHUSETTS AVE  
 NEW PORT RICHEY, FL 34653

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.** **\$2,000,000.00**

**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 #** P01000064285  
**NAME** STUMPF HOLDINGS INC  
**STREET ADDRESS** 2727 N. HIGHWAY A1A, APT. #502  
**CITY-ST-ZIP** INDIALANTIC, FL 32903

**STREET ADDRESS**

**CITY-ST-ZIP**

**400037867834**  
 06/11/04--01010--010 \*\*00.75

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**STREET ADDRESS**

**CITY-ST-ZIP**

**400037867834**  
 06/11/04--01010--011 \*\*437.50

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**STREET ADDRESS**

**CITY-ST-ZIP**

**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:** *Robert F. Stumpf, Pres*

Date

Daytime Phone #

*4/30/04* **727**  
*819.2296*

**FILED**

04 JUN -7 PM 1:08  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



STAPLE CHECK HERE