

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 JUN 22 AM 9:28

ALBANY STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A01000001052

1. Entity Name
THE GAY FAMILY PARTNERS, LTD.



Principal Place of Business
1201 S. ORLANDO AVENUE
SUITE 350
WINTER PARK, FL 32789

Mailing Address
1201 S. ORLANDO AVENUE
SUITE 350
WINTER PARK, FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06102004

Chg-LP

CR2E003 (10/03)

6/20

4. FEI Number
59-3740018

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRYANT, CARLA D ESQUIRE
1201 SOUTH ORLANDO AVENUE, SUITE 350
WINTER PARK, FL 32789

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE _____

9. Capital Contributions
as Shown on record. \$450,000.00

10. Amount of Capital Contributions
in FLORIDA to date. \$450,000.00

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 # P01000074199
NAME MARVIN MANAGEMENT, INC.
STREET ADDRESS 1011 S. VALENTIA, UNIT 50
CITY-ST-ZIP DENVER, CO 80247

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

STREET ADDRESS

CITY-ST-ZIP

500038739035
07/06/04--01029--019 **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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

407.740.5005

STAPLE CHECK HERE