## 2004 LIMITÉD PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## FIFD **DOCUMENT # A01000001309** 104 JAN 26 AM 9: 04 COUCH FAMILY PROPERTIES, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 601 ROSARY ROAD #405 601 ROSARY ROAD #405 LARGO, FL 33770 LARGO, FL 33770 2. Principal Place of Business 3. Mailing Address BREEZE 42 BREEZE HILL LANE Suite, Apt. #, etc. Suite, Apt, #, etc 01212004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For ALM COAST FL ALM 59-3748345 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3213` Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PIKE, MARY C ox Number is Not Acceptable) 601 ROSARY ROAD #405 LARGO, FL 33770 Zip Code 32 37 PALM COAST 8. The above named entity submits this statement for the curpose 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 9. Capital Contributions 10. Amount of Capital Contributions \$497,000.00 as Shown on record. 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 ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ADDRESS COUCH, JOSEPH H JR. NAME <u>200027621592</u> STREET ADDRESS 37 BREEZE HILL LANE 01/26/04=-01091=-016 \*\*526.25 CITY-ST-7IP CITY-ST-ZIP PALM COAST, FL 32137 DOCUMENT # STREET ADDRESS BREEZE HILL LANE PIKE, MARY C NAME STREET ADDRESS 601 ROSARY ROAD, APARTMENT #405 CITY-ST-ZIP PALM CEAST, FL. 32137 CITY-ST-ZIP LARGO, FL 33770 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST<sup>1</sup>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: NTED NAME OF SIGNING GENERAL PARTNER