

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000001313

1. Entity Name
THE KOBERNUSZ FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**2326 LITTLE COUNTRY ROAD
PARRISH, FL 34219**

Mailing Address
**2326 LITTLE COUNTRY ROAD
PARRISH, FL 34219**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02132004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3747795	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent

**KOBERNUSZ, E. WILLIAM
2326 LITTLE COUNTRY ROAD
PARRISH, FL 34219**

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. \$100,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$42,687
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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 #	KOBERNUSZ, E. WILLIAM TRUSTEE 2326 LITTLE COUNTRY ROAD PARRISH, FL 34219	STREET ADDRESS	
NAME			
CITY-ST-ZIP			
DOCUMENT #	KOBERNUSZ, PENELOPE T TRUSTEE 2326 LITTLE COUNTRY ROAD PARRISH, FL 34219	STREET ADDRESS	
NAME			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME			
CITY-ST-ZIP			

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05/03/04-80018-025 526.25

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: E. William Kobernusz Trustee **2-13-04** **941-776-3088**

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

STAPLE CHECK HERE