


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

<b>DOCUMENT # A01000001317</b> 1. Entity Name <b>WEIDEMEYER LIMITED FAMILY PARTNERSHIP</b>	
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Principal Place of Business <b>9422 LAKE CHRISTINA LANE PORT RICHEY FL 34668</b>	Mailing Address <b>9422 LAKE CHRISTINA LANE PORT RICHEY FL 34668</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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FILED  
04 JAN 26 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

4. FEI Number <b>59-3711714</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BASKIN, HAMDEN H III 516 N. FT. HARRISON AVENUE CLEARWATER FL 33755</b>	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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 #	WEIDEMEYER, JOHN HOMER	STREET ADDRESS	
NAME	9422 LAKE CHRISTINA LANE	CITY-ST-ZIP	
STREET ADDRESS	PORT RICHEY FL 34668		
CITY-ST-ZIP			
DOCUMENT #	WEIDEMEYER, ELEANOR D	STREET ADDRESS	<b>500027620655</b>
NAME	9422 LAKE CHRISTINA LANE	CITY-ST-ZIP	<b>01/26/04--01091--004 **141.25</b>
STREET ADDRESS	PORT RICHEY FL 34668		
CITY-ST-ZIP			
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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: J.H. WEIDEMEYER M.P.** *J.H. Weidemyer* 1/22/04 727-845-5164  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE