

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**DOCUMENT # A01000001390**

1. Entity Name  
**FLOWERWOOD, I LIMITED PARTNERSHIP**



**FILED**  
**04 JUL -8 PM 2:06**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**15315 KELLY ROAD**  
**LOXLEY, AL 36551**

Mailing Address  
**P.O. BOX 7**  
**LOXLEY, AL 36551**



06032004 Chg-LP CR2E.003 (10/03)

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

4. FEI Number  
**60-0002088**

Applied For  
 Not Applicable

Zip Country Zip Country

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**

**REINHARDT, ERIC C**  
**13340 WEST COLONIAL DRIVE, SUITE 220**  
**WINTER GARDEN, FL 34787**

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. **\$80,000.00**

10. Amount of Capital Contributions  
 in FLORIDA to date. **\$8,000**

**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 #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**SMITH, GREGORY L JR.**  
**P.O. BOX 665**  
**LOXLEY, AL 36551**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
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**200039397802**  
**07/21/04--01094--002 \*\*544.75**

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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:** *Gregory L. Smith Jr.* **Gregory L. Smith Jr.** **7/4/04 (251) 964-5122**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE