

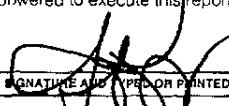


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000001673 1. Entity Name CLOSSHEY FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 704 WEST BAY STREET TAMPA, FL 33606-2706			Mailing Address 704 WEST BAY STREET TAMPA, FL 33606-2706		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
01052004 Chg-LP CR2E003 (10/03)				4. FEI Number 59-3220348	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GOLD, AARON J ESQ. 704 WEST BAY STREET TAMPA, FL 33606-2706			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 _____ <small>Signature: typed or printed name of registered agent and date if applicable</small>					
9. Capital Contributions as Shown on record. \$2,774,201.00			10. Amount of Capital Contributions 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P01-120182		STREET ADDRESS		
NAME	CLOSSHEY ENTERPRISES, INC.		CITY ST - ZIP		
STREET ADDRESS	2111 N. GOLFVIEW DRIVE		STREET ADDRESS		
CITY ST - ZIP	PLANT CITY, FL 33566		CITY ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY ST - ZIP		
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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: 			JENNIFER E Closshey 12/30/03		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>DATE</small>		

STAPLE CHECK HERE