


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

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000001692</b>			
<b>1. Entity Name</b> THE BICKEL FAMILY LIMITED PARTNERSHIP			
<b>Principal Place of Business</b> 6700 GULF OF MEXICO DRIVE, APT. 117 LONGBOAT KEY FL 34228		<b>Mailing Address</b> 6700 GULF OF MEXICO DRIVE, APT. 117 LONGBOAT KEY FL 34228	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
<b>4. FEI Number</b> 03-0407775		<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
BICKEL MANAGEMENT, INC. 6700 GULF OF MEXICO DRIVE, APT. 117 LONGBOAT KEY FL 34228		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> _____ <b>DATE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>9. Capital Contributions</b> as shown on record. \$5,133,135.00		<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	
<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>			
<b>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.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	P01000118941	STREET ADDRESS	
NAME	BICKEL MANAGEMENT, INC.	CITY - ST - ZIP	
STREET ADDRESS	6700 GULF OF MEXICO DRIVE, APT. 117		
CITY - ST - ZIP	LONGBOAT KEY FL 34228		
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<b>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</b>			
<b>SIGNATURE:</b> <i>Nancy Jones Secretary</i>		<b>3-22-04 (941)387-7495</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	



MOORE CR2E003 (11/03)

**4. FEI Number** 03-0407775 ☐ **Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**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

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**SIGNATURE:** *Nancy Jones Secretary* **3-22-04 (941)387-7495**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE