


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # A01484 1. Entity Name MID-FLORIDA FREEZER WAREHOUSES, LTD.					
Principal Place of Business 9025 N. ATLANTIC AVENUE CAPE CANAVERAL, FL 32920			Mailing Address P.O. BOX 572 CAPE CANAVERAL, FL 32920		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1355535	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEE, RHONDA A 400 HARBOR DRIVE CAPE CANAVERAL, FL 32920				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record \$2,257,595.06		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 #	P96000000417		STREET ADDRESS		
NAME	SHELBY CORPORATION OF CENTRAL FLORIDA, INC		CITY - ST - ZIP		
STREET ADDRESS	400 HARBOR DRIVE		03/10/04-80015-002 526.25		
CITY - ST - ZIP	CAPE CANAVERAL, FL 32920 ✓				
DOCUMENT #	P96000000132		STREET ADDRESS		
NAME	WILLOCOX CORPORATION II		CITY - ST - ZIP		
STREET ADDRESS	801 N. MAGNOLIA AVENUE, SUITE 300-B				
CITY - ST - ZIP	ORLANDO, FL 32803 ✓				
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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: <i>Rhonda Lee</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Rhonda Lee <i>2/24/04</i> 321-783-9623 <small>Daytime Phone #</small>		

STAPLE CHECK HERE