

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A02000000089

1. Entity Name
CARRON FAMILY LIMITED PARTNERSHIP



Principal Place of Business
233 W. WATERS AVE.
TAMPA, FL 33604

Mailing Address
233 W. WATERS AVE.
TAMPA, FL 33604

FILED

04 FEB -2 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

03-0379827

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

LEFLOCH, EUGENE M ESQ
1311 N. WESTSHORE BLVD.
SUITE 205
TAMPA, FL 33607

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
 as Shown on record.

\$30,000.00

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 #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

CARRON, LOUIS J SR.
17125 ORANGEWOOD DRIVE
LUTZ, FL 33548

STREET ADDRESS

CITY - ST - ZIP

400028696224
02/13/04-01009-016 **299.75

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CITY - ST - ZIP

M THOMAS

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:

Louis J. Carron Sr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Louis J Carron Sr

01/22/04

933-7861

Date

Daytime Phone #

STAPLE CHECK HERE