

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

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

**DOCUMENT # A02000000198**

1. Entity Name  
**TYSON LIMITED PARTNERSHIP**



Principal Place of Business  
**7101 CAPRI LANE  
PINELAND, FL 33945**

Mailing Address  
**PO BOX 420  
PINELAND, FL 33945**



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

04072004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**04-3597110**

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

**ADDRESS, NOEL  
7101 CAPRI LANE  
PINELAND, FL 33945**

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 **\$765,000.00**

10. Amount of Capital Contributions in FLORIDA to date

**4526.25**

**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  
**KRONBERG, C. JOHN  
P.O. BOX 1407  
FINDLAY, OH 45839**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**A02000001559  
ADDRESS FAMILY FLORIDA LIMITED PARTNERSHIP  
P.O. BOX 420  
PINELAND, FL 33945**

STREET ADDRESS  
CITY-ST-ZIP

**U000000157844  
05/08/04-80045-001 526.25**

DOCUMENT #  
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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:

**Noel Address**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/7/04 (239)283-1717**

Date

Daytime Phone #

STAPLE CHECK HERE