

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

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

<b>DOCUMENT # A02000000487</b> 1. Entity Name <b>KESSLER FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>3042 GREYSTONE DR.          PACE, FL 32571</b>			Mailing Address <b>3042 GREYSTONE DR.          PACE, FL 32571</b>		
2. Principal Place of Business Suite Apt #, etc.		3. Mailing Address Suite Apt #, etc.			
City & State		City & State		03302004    Chg-LP    CR2E003 (10/03)	
Zip		Country		4. FEI Number <b>01-0676375</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>KESSLER, PETE W          3042 GREYSTONE DR.          PACE, FL 32571</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL    Zip Code		
SIGNATURE _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$295,960.00</b>		10. Amount of Capital Contributions in FLORIDA to date <b>295,960.00</b>		DATE	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>KESSLER, PETE TRUSTEE          3042 GREYSTONE DR.          PACE, FL 32571</b>		STREET ADDRESS CITY - ST - ZIP	1101000157842 05/06/04-80044-025 526.25	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>GEORGE, SUE E TRUSTEE          3042 GREYSTONE DR.          PACE, FL 32571</b>		STREET ADDRESS 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.					
<b>SIGNATURE: Pete W. Kessler</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
4/20/04				(850) 994-0899	
Date				Daytime Phone #	

STAPLE CHECK HERE