

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A02000000597

1. Entity Name
PRICE FAMILY ENTERPRISES, LTD.



FILED

04 JUN -4 PM 3:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
6260 DUPONT STATION COURT, SUITE D
JACKSONVILLE, FL 32217

Mailing Address
6260 DUPONT STATION COURT, SUITE D
JACKSONVILLE, FL 32217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite D

Suite, Apt. #, etc.

Suite D

City & State

City & State

Zip

Country

Zip

Country

03042004

Chg-LP

CR2E003 (10/03)

4. FEI Number

74-3045856

Applied For

Not Applicable

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

PRICE, CHARLES B
6299-5 POWERS AVENUE
JACKSONVILLE, FL 32217

Name

Street Address (P.O. Box Number is Not Acceptable)

6260 Dupont Station Ct. Suite D

City

Jacksonville

FL

Zip Code

32217

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.

\$100.00

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 # **P02000042585**
 NAME **C. PRICE MANAGEMENT, INC.**
 STREET ADDRESS **6299-5 POWERS AVENUE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32217**

STREET ADDRESS **6260 Dupont Station Ct Suite D**
 CITY-ST-ZIP **Jacksonville FL 32217**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

300037870713
05/11/04--01024--005 **141.00

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Charles B Price

Date

3/8/04

Daytime Phone #

904367-1700

STAPLE CHECK HERE