


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

| | | | | | |
|---|--|-----------------------|---|--|--|
| DOCUMENT # A02000000729 | | | |  | |
| 1. Entity Name THE NEWCOMB FAMILY LIMITED PARTNERSHIP, LTD. | | | | | |
| Principal Place of Business 5909 TURIN STREET CORAL GABLES FL 33134 | | | Mailing Address 5909 TURIN STREET CORAL GABLES FL 33134 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 01-0695434 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MOLANS, JAMES A 5909 TURIN STREET CORAL GABLES, FL 33134 | | | | 7. Name and Address of New Registered Agent | |
| | | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. | | \$1,912,148.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | |
| 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION | | | | | |
| 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 | | | STREET ADDRESS | | |
| NEWCOMB, FRED W 5909 TURIN STREET CORAL GABLES FL 33134 | | | CITY-ST-ZIP | | |
| | | | | | |
| | | | STREET ADDRESS | | |
| | | | CITY-ST-ZIP | | |
| | | | 200038750002 07/06/04--01031--027 **535.00 | | |
| | | | | | |
| | | | STREET ADDRESS | | |
| | | | CITY-ST-ZIP | | |
| | | | STREET ADDRESS | | |
| | | | CITY-ST-ZIP | | |
| | | | STREET ADDRESS | | |
| | | | CITY-ST-ZIP | | |
| | | | STREET ADDRESS | | |
| | | | CITY-ST-ZIP | | |
| | | | STREET ADDRESS | | |
| | | | CITY-ST-ZIP | | |
| | | | 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: <u><i>FRED W. NEWCOMB</i></u> FRED W. NEWCOMB 4/10/04 305/6699670 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small> | | | | | |